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Research in Nursing[1]

The Place of Research and Experimentation in Improving the Nursing Care of the Patient

BY MARY M. MARVIN, R.N.

Without theory, practice is but routine born of habit. Theory alone can bring forth and develop the spirit of invention. It is to you, especially, that it will belong not to share the opinion of those narrow minds who disdain everything in science which has not an immediate application. You know Franklin's charming saying. He was witnessing the first demonstration of a purely scientific discovery and people around him were saying: "But what is the use of it?" Franklin answered them: "What is the use of a new born child?" Yes, gentlemen, what is the use of a new born child? And yet, perhaps at that tender age, germs already existed in you of the talents which distinguish you now! In your baby boys, fragile things as they are, there are incipient magistrates, scientists, heroes as valiant as those who are covering themselves with glory under the walls of Sebastopol. And thus, gentlemen, a theoretical discovery has but the merits of its existence, it awakens hope and that is all. But, let it be cultivated, let it grow, and you will see what it will become.

—LOUIS PASTEUR.

IN 1854, in a town which was the richest center of industrial activity of Northern France, a new *Faculte des Science* was built for the education of young men. The school was unique in that it provided laboratory experimentation for the first time for students preparing for industrial careers. The newly appointed Professor and Dean of the Faculty, filled with joy over this new opportunity of useful service to industrial people, was Louis Pasteur. In his opening address four months later, he eloquently defended theory and experimentation in teaching as quoted above.

This plea for theory and research was made seventy-three years ago. The pursuit of it resulted in the development of a new biological science which brought about a revolution not only in medical thought but in the whole method of discovering and applying medical knowledge. Research and experimentation are universally recognized instruments or methods for finding out new facts and principles and for applying known facts and principles to the problems of everyday life. People have always experimented and a few especially enterprising and curious ones have spent their lives in searching for new truth. But it is only recently that we have begun to appreciate the immense practical value of organized and directed research by competent, trained people.

There are six phases of experimentation which would help us in developing practical nursing along safer, sounder lines: First, an exhaustive study of

[1]Read at the annual reunion of the Teachers College Alumnae, February 12, 1927.

nursing procedures from the standpoint of the biological and physical sciences; second, an analysis of nursing procedures on the basis of elimination of waste, in materials, cost, energy, etc.; third, a comparative study of all equipment and materials used in the care of the sick; fourth, experimentation to find better methods of teaching the subject; fifth, tests for vocational aptitudes before the students enter the school; and sixth, tests of nursing performance, to determine the skill attained at any stage of teaching.

It is just possible that graduate nurses who have been connected with one or two hospitals may not feel the need for analyzing practical nursing methods so keenly as do those who are familiar with the technic in many organizations. At the College where students have been coming from around the world for over twenty years, the instructors of practical nursing have been impressed with the variety of methods of doing the same procedures and the lack of understanding of the principles involved.

We are all familiar with the ever shrinking disinfectant solution in most thermometer glasses in our wards. How many of us would be willing to take our turn in a ward with thirty patients, as patient number *eleven*, and have our mouth temperature taken with one of those ten ward thermometers? Blood agar plates inoculated from swabs of supposedly *clean* thermometers, set up in a certain hospital, showed pure cultures of streptococcus on three thermometers and mixed pneumococcus and streptococcus from two. This work was done, a few years ago, by the heads of the departments of hygiene and medicine at the University of California in a series of experiments which were written up for the *Modern Hospital* in 1920. As a result, these scientists worked out a safe and practical technic for use in one hospital. Every hospital which does not provide individual thermometers should work out a good, safe, technic for its own use.

Temperatures of patients are taken from one to six times daily. It is one of the commonest procedures and the questionable technic followed slavishly in many hospitals is criticized most by the nurses themselves. What are the most important facts to be known about thermometer technic? The efficacy of the disinfectant, the percentage strength of the solution, the time it takes to act, and its availability, are essential. A series of experiments were once attempted to determine how far down the mercury should be shaken. Should the thermometer be completely submerged? What precautions should the nurse take in regard to her hands? To sum up the points, they would include the cheapest, simplest equipment for the tray, the cleanest, safest method for the patient, the tray most convenient to carry around, and the one safest from breakage. It would entail some experimental work to have this procedure worked out, but no instructor should be satisfied with the method she is handing down to her students, unless it has been approved by some one qualified to judge the tests.

There is the matter of the hypodermic. Each school is eager to use the safest, simplest, quickest method of preparing a hypodermic. There are a dozen different methods now in use. The sterilization of the barrel, the needle, the solution to be injected, the patient's skin, the attachment of the needle to the barrel after boiling, and the simplest, cheapest, total equipment for the tray, are points to be considered.

There are many facts yet to be learned about scrubbing the hands. In the first place, we ought to have more definite ideas about when to scrub and when to wash. How long should the hands be scrubbed, by what method,

with what kind of soap, of what percentage strength? We should discover the best type of brush, one firm and non-irritating, cheap, proper size, with bristles small enough to get under the nails, and one which will stand soaking. The brush needs complete submersion in a certain kind of disinfectant, of definite strength, for a regular period of time. The nail stick should be used at certain intervals and other precautions may be necessary. The hands may or may not need soaking or rinsing for a certain length of time in a disinfectant solution after scrubbing. Some definite principles on hand scrubbing and washing could be worked out under the direction of a bacteriologist so that the nursing instructors could establish a local technic through their own hospital laboratories.

A common procedure which needs laboratory tests of the highest order is catheterization. At what times is it necessary to use sterile towels for draping? What is the minimum number which might be safely used and where should they be placed? Could thorough hand washing safely replace scrubbing? If the hands are scrubbed should this be done after draping with towels if one is working without an assistant? Should the catheter be lubricated and if so what lubricants are most satisfactory? Is it safer to follow up catheterization with an instillation of antiseptic solution, and if so, what kinds, strengths and amounts would be suitable? Some advocate the use of sterile gloves, while others substitute sterile finger cots. Some wrap the finger tips with sterile (?) cotton, while certain gynecologists maintain that scrubbing the hands without gloves is safe. One well known specialist tells us it is more important to use a lubricant and instillation than to boil the catheter, while others at the same time insist that instillation and lubricants are unnecessary, but the catheter must be boiled! The suggestion that nurses seek sources to answer their questions may cause apprehension, lest this might lead them beyond the limits of their field. The answer to that is, female catheterization is distinctly a nursing procedure which needs a series of laboratory tests, made by qualified persons, to safeguard the patient.

The preparation and care of the surgical dressing carriage in a large, busy, surgical ward, present all sorts of unsolved problems. In the first place, the large containers used must be of a certain size so they may be accommodated on the carriage. The materials from which they are made must be selected with reference to frequent, easy, and safe sterilization. They must be provided with proper covers which come down over, or fit under, the sides of the receptacles to protect the contents. The most appropriate, cheapest and safest containers for boric acid, mercurochrome, Dakin's solution, saline, vaseline, dusting powders, and other drugs on the carriage should be produced. What is the safest, most convenient method of keeping adhesive, gutta percha, and iodoform gauze sterile? What provision could be made for the immediate disposal of soiled instruments, dressings, and basins during a dressing, when time is at a minimum and nurses at a premium? What is the best way of daily or weekly sterilizing all the articles on the carriage: by steam, boiling, or the autoclave? There are problems in connection with assisting the physician with dressings. On what occasions does the surgeon need sterile gown and gloves, and at what times should sterile towels be provided? Each nurse is likely to hang on tenaciously to methods handed down to her but it is time we had scientifically-tested procedures to guard our technic and facilitate our work.

There are countless procedures which

need study, such, for example, as the comparative effects of croup tents and intermittent bedside inhalations, the length of time for giving each, and the most advantageous position for the patient when the treatments are given. What kinds of counter-irritant nursing treatments are best for the chest? Hot, wet, woolen, linen, gauze and poultices are used in some hospitals, whereas, cold, wet, woolen, linen or gauze are used in others. Concerning the pack given for the entire body, some physicians order warm, wet sheets covered with dry blankets, while others order cold, wet sheets covered wtih dry blankets to produce the same effect. For other purposes, dry material is ordered next to the patient, covered with a moist blanket, or a wet material next the skin covered with dry blankets. Some advocate seven blankets all wool, while others call for six, of which five are wool and one is cotton. Some insist that five are sufficient. Who knows but three might do as well, provided that the right kinds of materials are used? The comparative effects of the cotton sheet and blankets, and woolen fabrics in regard to size, quality of materials, and number needed to produce the same therapeutic effect, should be investigated. Other nursing procedures which need testing in regard to technic are: nutritive enemas, catheterization, the disinfection of various articles, and the whole subject of lifting and transporting patients. Many procedures need to be standardized, such as bed making, ether beds, simple outdoor beds, cradle beds and ordinary beds. Still others, such as the proctoclysis, hot wet compresses, and wound dressings, are depending on the ingenious inventor who will devise appropriate and adequate equipment for their administration. Is it too much to hope that some day every nursing procedure will be scientifically tested with the results measured, so far as it is possible to measure them?

The procedures suggested are only a few of hundreds which might be enumerated. Let us turn now to the total care of the patient. Who knows what the very best entire nursing care is for the postoperative, exophthalmic goitre patient? Excellent care is often given by very good nurses, but if the methods used in various surgical centers were compared, it would be safe to say that the methods varied greatly and that some excelled. Is one kind of nursing care of a postoperative, draining gall bladder case as good as another? Are there not certain superior methods of nursing colostomy cases? With the increase in brain surgery, a new kind of nursing technic is demanded. With the development of knowledge of pediatrics, communicable diseases, and mental diseases, new, highly technical nursing procedures should be developed, tested, evaluated and written up for publication.

Comprehensive records of scientific value could be collected very easily by nurses about patients' symptoms. The effects of various conditions on the character of the pulse, the nature of the act of vomiting, further details about coughing in connection with various diseases, more of the nature of delirium, so often misunderstood, the entire picture of the patient's convulsions, and the best positions for patients in bed in relation to their ailments, are examples of kinds of symptoms which could stand a great deal of study. One nurse, by chance, discovered a new position which was helpful as a therapeutic measure for draining antrums. It would be interesting, enlightening, and encouraging to us all to know the contribution nurses have already made in the development of medical knowledge through their eternal vigilance and faithful record keeping. Careful records of symptoms similar to those mentioned above could

scarcely be made by anyone but the nurse and this information would be invaluable to the medical and nursing professions, as well as to future patients.

Another kind of experimentation which might be undertaken is concerned with methods of teaching this subject. Do we know to what extent we can use some of the newer educational theories in teaching nurses, nursing? We hope to have many of our procedures exhaustively studied and some few standardized. It would be a useless waste of time for students to participate in developing a plan for a procedure already standardized; but on the other hand, in regard to those procedures which cannot be standardized, when a nurse thoroughly understands the underlying principles, should she not be encouraged to vary her method in order to adapt it to the conditions of different patients? This would give the student an opportunity of using her initiative safely and to good advantage to herself and patient. Some of the advanced nursing procedures, such as the care of a pneumonia or typhoid patient, are made up of many elements of elementary procedures already taught and these could be built up in the classroom by student participation rather than by teacher demonstration. Undoubtedly we could do much more in the future than we have in the past to stimulate thinking, initiative, resourcefulness, adaptability and other forms of self expression on the part of our students by using some of the newer teaching methods.

Some of these problems could be worked out in hospital laboratories of various schools, but a great many need a special place in charge of experts. What are some of the fundamental needs for undertaking this piece of work? They are: *first*, a few able individuals who are interested, who have the disposition and time, and want to pursue it; *second*, a connection with scientific laboratories to which special biological and physical problems could be referred; *third*, a research laboratory where experiments in waste elimination could be carried out; *fourth*, groups of student nurses in two similar schools where the teaching equipment is a good average kind and where properly qualified teachers would coöperate in the teaching experiment; *fifth*, specialists to handle the statistical data; *sixth*, ample rewards for the experimentors in the way of salaries or advanced degrees; *seventh*, a journal in which to publish the results of the work; and *finally*, funds for the whole project.

A few years ago, a great physician wrote, "The future belongs to Science. More and more she will control the destinies of the nation. Already, she has them in her crucible and in her balances." Practical nursing is the central subject of our whole professional curriculum. Scientific research is a method of study used in all fields to promote professional standards. Applied to practical nursing, scientific research would mean that the art of nursing the patient would be more nearly perfected in a shorter time than it could possibly be by slow accumulation of knowledge gained through casual experiences. After all, is not the whole purpose of our education, to promote health and improve the nursing care of the patient?

"Attempt the end and never stand to doubt;
Nothing's so hard, but search will find it out."
Herrick—"Seeke and Finde."

Making a Bed around Traction Apparatus

By Margaret A. Tracy, R.N.

A PROBLEM which usually gives considerable trouble in an orthopedic ward is the adaptation of bed-making to the unusual conditions found in such a ward. How to arrange

the bedclothes around a leg in traction, for instance, without interfering with the traction, while at the same time adequately protecting the patient from exposure, is a puzzle to many a nurse. If a single set of the ordinary bedclothes is used, efforts to keep the leg covered displace the traction. Even when it is first made, the bed presents a far from finished appearance. Two sets of bedclothes, applied above and below the suspended limb, or on either side, make an awkward bulk to add to the patient's discomfort. In addition, it not only is wasteful of linen, but requires considerable time, patience, and ingenuity on the part of the nurse, if the finished result is to be passable.

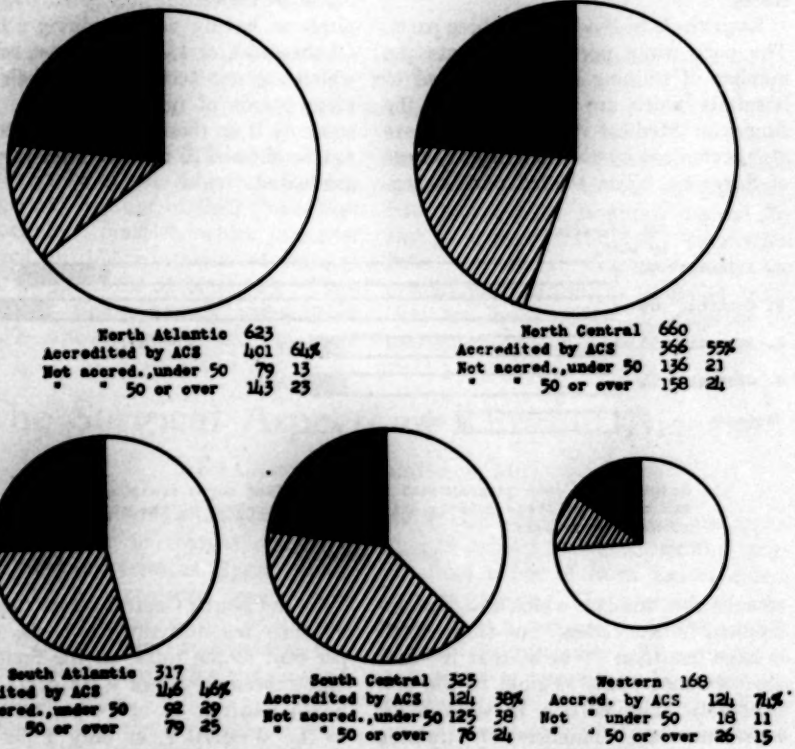
To meet this situation we have devised some divided bedclothes. The regular size sheets, spreads and blankets are used. These are split, about four inches from the center line. The sheet is split 58 inches from the bottom of the hem, and the blanket and spread 50 inches from the bottom. At the top of the split a semicircle about 2 inches in diameter is cut out. The cut edges are faced with a two-inch strip of heavy muslin. Tapes are sewed on either side, at intervals of two inches, from the bottom hem to the bottom of the semicircle. The muslin strip on one side is allowed to extend beyond the edges of the sheet, so that when the tapes are fastened a placket is formed.

In using these bedclothes, the lower part of the bed is made as usual. The divided top sheet is put on, fitting the semicircular opening around the ropes which suspend the splint. The tapes are then tied and the sheet tucked in at the bottom of the bed as usual. As many blankets as are necessary, and a spread, are applied in the same way. The tapes may be tied over or under the suspended leg. This is governed by the angle at which the leg is placed. The portion of the leg which is exposed is covered with a square of white flannel which is wound around the leg and fastened with snaps on the side. A flannel "foot-cap" affords protection for the foot and is fastened around the ankle with the attached tapes.

These divided bedclothes are very popular with patients, nurses, and doctors. The patient is kept warm, is not exposed, and is free to move about in bed without the hampering drag of bedclothes. The doctor is enabled to dress the wound or adjust the traction by merely untying two or three of the tapes. Furthermore, the traction remains as he has arranged it; it is not displaced by an unwieldly bulk of bedclothes. The nurse is enabled to make a neat bed with little trouble, which remains comfortable for her patient, and does not require constant rearrangement and readjustment.

An Opportunity

BELIEVING that members of the nursing profession would unanimously agree that institutions meeting the ethical standards of the American Medical Association and intellectually honest enough to strive to maintain the standards of the American College of Surgeons provide the most desirable setting for schools of nursing, the following diagrams are presented for study. They were made by the Grading Committee in the course of a study of the figures presented by the American Medical Association in its *Journal* of March 12. It is to be noted that no diagrams on graduation and registration have been prepared, inasmuch as the graduation and registration figures are open to the same criticism, that of probable duplication, as those compiled by the American Nurses' Association for its list of Accredited Schools.



Hospitals (with nursing schools) which are approved by the College of Surgeons ▭ ; which have under 50 beds and are not approved by the College of Surgeons ▨ ; and which have 50 beds or over and are not approved ■ .

FIRST DIAGRAM

Such studies point the way to an increasingly exact body of facts regarding our profession.

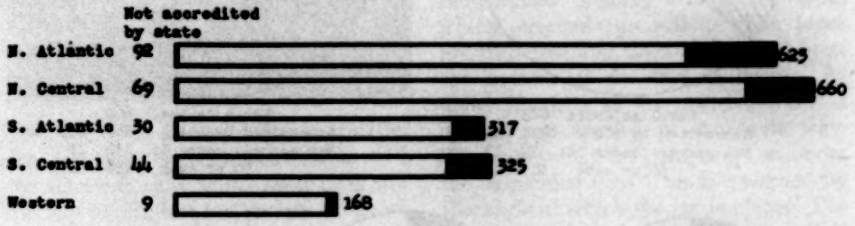
The first diagram shows five circles, representing five geographic divisions. The two largest circles represent the

North Atlantic and the North Central states which have respectively 623 and 660 training schools attached to hospitals which are included in the list of the American Medical Association. The smallest circle represents the 168 hospitals with training schools in the Western states.

Each circle is divided into three parts. The pure white portion represents the number of training schools attached to hospitals which are on the list of the American Medical Association and are also accredited by the American College of Surgeons. The shaded portion represents the number which are not accredited by the college, but are so small —have less than 50 beds, that is—that they are not really eligible to the college list. The portion in solid black represents the number of training schools attached to hospitals with 50 beds or more, which are not on the accredited list of the American College of Surgeons.

For the country as a whole 23 per cent of all the training schools are attached to hospitals which are large enough to be eligible for the college list; but are not yet accredited. The question which this diagram raises is whether the minimum standards set by the College of Surgeons have any bearing upon the education of nurses. Is it a desirable situation that very nearly one-fourth of our training schools should be attached to hospitals which have not yet reached the minimum standards of the College of Surgeons?[1]

The second diagram shows that in the North Atlantic states the American Medical Association has listed 623 hospitals as having nurse training schools. Of these, 92, or 15 per cent, are schools which are not accredited by their own state boards of nurse examiners. The students from these schools, that is, will not be allowed to register after they are graduated.



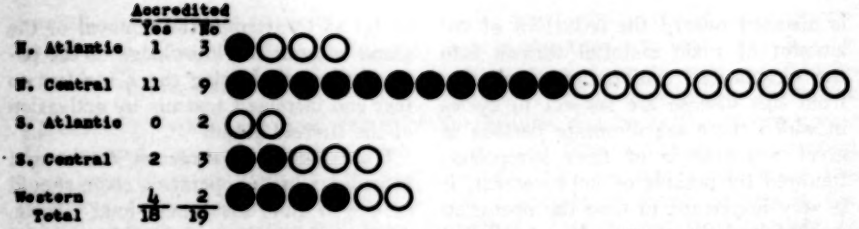
Hospitals in each geographical division having nurse training schools; and number of these schools which are not approved by the state boards of nurse examiners.

SECOND DIAGRAM

In the North Central states there are 69 such non-accredited schools, or 10 per cent of the total; in the South Atlantic there are 30, or 9 per cent; in the South Central, 44 or 14 per cent; and in the Western 9, or only 5 per cent. In other words, 12 per cent of all the training schools in the country are not accredited in their own states, and are taking students with full knowledge that those students will not be able legally to practice nursing as registered nurses after they finish training.

The third diagram deals with the training schools attached to hospitals which are not included in the American Medical Association list. There are 38

[1]Discussed in the *American Journal of Nursing* for February, 1926.



Nurse training schools in unethical or irregular hospitals. Those in black are approved by the state boards of nurse examiners.

THIRD DIAGRAM

such hospitals, excluded from the Medical Directory of the American Medical Association because of their "unethical or irregular" practice, which are now engaged in the education of nurses! Data are given for 37 of the 38. They show that almost exactly half—18 of the 37—are accredited by the state boards of Nurse Examiners. These schools, approved by the state boards, but attached to hospitals barred by the American Medical Association from its official directory on the ground of unethical or irregular practice, are indicated in the diagram by the circles in solid black.

The Surgical Aspects of Thyroid Disease

BY CHARLES D. LOCKWOOD, M.D.

THE chief indication for surgical treatment in thyroid disease is what is known as Hyperthyroidism. This is a profound toxemia, the result of oversecretion of the thyroid gland. It occurs in two diseases; viz., adenoma of the thyroid gland and exophthalmic goiter.

Adenomata of the thyroid are tumors arising within the gland, beginning in early life and usually remaining quiescent until about forty years of age when they begin to degenerate and produce the characteristic symptoms of hyperthyroidism.

Exophthalmic goiter, on the other hand, is an overgrowth of the normal glandular tissue and from the first it produces the symptoms of hyperthyroidism in a very grave form. It has long been thought that the toxemia produced by these two diseases was different in character but surgeons are beginning to believe that the condition arising from either of these causes differs only in degree. The toxemia of adenoma is as a rule not so severe as that of exophthalmic goiter. The symptoms and signs of exophthalmic goiter are strikingly characteristic and as they illustrate graphically the symptoms of all forms of hyperthyroidism they will be briefly mentioned.

First: Increase in the size of the thyroid gland. This is often limited to one lobe, causing asymmetry of the neck. Second: Rapid pulse. In no other disease is there such a marked acceleration of the pulse with so little incapacity of the individual. Third: Exophthalmos, or protrusion of the eyes. This gives a staring appearance to the individual and prevents the proper closing of the eyelids. Fourth: Extreme nervousness and tremor of the hands. Fifth: Sweating. Sixth: Abnormal appetite.

The whole effect of surgical treatment

is directed toward the reduction of the amount of toxic material thrown into the circulation. As patients suffering from this disease are subject to cycles in which there are alternate periods of great aggravation of their symptoms, followed by periods of improvement, it is very important to time the operation so that it shall occur during the period of improvement, otherwise the patient is overwhelmed by the shock of the operation and the increased toxemia incident to the surgical operation. For these reasons the preoperative preparation of thyroid cases is of paramount importance. This preparation consists of rest in bed, proper mental hygiene to overcome the patient's fear, and the administration of iodine for a few days preliminary to the operation. So great is the value of this preparatory treatment that it has reduced the mortality in surgery of exophthalmic goiter from twenty per cent to about one per cent.

It was formerly considered safest to do preliminary ligation of the thyroid arteries in order to reduce the activity of the gland before attempting its radical removal. The use of iodine, in the past two years, has almost supplanted ligation as a preparatory measure. The wise surgeon chooses the period of improvement immediately following a crisis, or the temporary improvement that follows the use of iodine.

In the preoperative care, the coöperation of an intelligent nurse is of great value. If she appreciates the nature of the disease and possesses a high degree of tact, she can obviate much of the patient's fear and bring her to the operating room in a state of mind that will contribute much to a successful outcome. These patients are so extremely nervous and apprehensive that the slightest false step on the part of the surgeon or the nurse may turn the scale against them. Some surgeons even go so far as to attempt the removal of the gland without the knowledge of the patient, thus eliminating shock incident to fear and increased toxemia by activation of the thyroid gland.

The attitude of surgeons, nurses and attendants in the operating room should be one of quiet assurance; loud talking, rattling of instruments, and dropping of utensils are gross offenses against the thyroid patient. The sensorium of the thyroid patient is keyed to the highest pitch; mental impressions that would little affect the normal sensibility are enormously exaggerated and every undue psychic trauma should be avoided.

Operation

MOST surgeons prefer local anesthesia in thyroid surgery although some patients are so constituted that the addition of a gas anesthetic is advisable. The most essential factor in the technic of the operation is gentleness in the handling of the tissues. Rough manipulations favor the release of toxins from the thyroid gland into the blood and so increase the toxic symptoms. The loss of blood is a very important consideration and the most minute care must be taken to avoid unnecessary hemorrhage. Injury to the laryngeal nerve which lies just beneath the gland must be sedulously avoided. Injury to this nerve results in hoarseness or loss of the voice. The gland must be enucleated without injury to the capsule which covers it and which contains the para-thyroid glands, very minute organs but essential to life. Injury to these glands results in tetany.

It was formerly thought unsafe to remove both lobes of the thyroid, but it is now known that all but minute portions of the gland may be removed; at least three-fourths of the gland may be removed with safety. The incision should be so located that it will produce a good cosmetic result and it should be

carefully sutured so as to become almost invisible.

Postoperative Care

PATIENTS who have been properly prepared, as outlined above, who have been operated upon at the most favorable time, and who have had a skillful and gentle operation, will usually have an uneventful convalescence. The possible complications are: (1) A crisis induced by the liberation of toxins during the operation which, in the most desperate cases, cannot be avoided. It is manifested by extreme restlessness, very rapid pulse, often by high fever, and fear of impending death. This complication is met by the administration of sedatives, normal salt solution and glucose, under the skin or intravenously, and by packing the patient in ice bags, which should surround the neck, overlie the heart and the large vessels in the arms and legs. (2) A very much dreaded complication is hemorrhage. It is often necessary to reopen the wound and ligate the bleeding vessels. (3) One of the most distressing postoperative features is hoarseness and the collection of viscid mucous in the trachea. This complication is especially troublesome when the recurrent laryngeal nerve has been injured during the operation. Steam inhalations, soothing drinks, sedatives and reassurance on the part of the nurse to prevent the patient from becoming panicky will do much to allay this irritation.

Finally, from first to last, the keynote of success in thyroid surgery and nursing is avoidance of trauma, either psychic or physical. The highest art of surgery and nursing is put to the test in the care of hyperthyroidism.

The Nursing Care of Hyperthyroidism

By Margene Faddis, R.N.

THE nursing care of patients with hyperthyroidism or exophthalmic goiter begins the minute the patient enters the ward. Anticipation of the patient's fears and anxieties regarding the complexities and mysteries of the hospital routine is always important, and it is during the first few hours of a patient's stay in the hospital that the nurse can do much to allay them. But in no case does the attitude of the nurse play so great a part, perhaps, as when she is caring for the patient suffering with hyperthyroidism.

In different parts of the country and in various hospitals, the surgical treatment of these patients may differ to a greater or lesser degree, but the nursing care is essentially the same. No nurse can care intelligently for these patients without a thorough appreciation of the disease itself. The more perfect her understanding of the nervous symptoms, the tachycardia, the increased metabolic rate and the excessive appetite, the more conscientiously will she endeavor to encourage the patient's rest, produce a change in atmosphere by moving the bed to the porch, keep the ice bag filled, and serve the extra nourishment and trays in an amount sufficient to meet the needs of the patient.

Not infrequently are the operations of these patients done without their knowledge, and the tact of the nurse is highly essential here. On the morning of the operation a preoperative hypodermic is given, usually consisting of morphine, but often containing scopolamin also. The nurse who considers her responsibility ended when the hypodermic has been injected, fails and fails

miserably. It is as much a part of her duty to create an environment conducive to absolute rest as it is to actually administer the drug.

When the patient goes to the operating room, she usually becomes alert to the new surroundings no matter how drowsy she may have been before. The attentive nurse will see that the patient knows nothing of the rush and hurry which usually exist in the large operating room during scheduled hours. She is removed immediately to the table where the operation is to be performed and is spoken to calmly and quietly as each new step is begun.

Usually the patient is returned to her bed entirely conscious and the nurse's first task is to make her physically and mentally comfortable. Where the position is not specifically indicated by the surgeon, she may be placed in a firmly supported sitting posture or in a recumbent position, depending upon her condition and her own desires. Visitors are excluded, tactfully but firmly; the patient is assured that all is well and is kept in absolute quiet. The pulse is one of the most reliable indicators of her condition; it is watched constantly but without alarming her. The dressings are likewise observed for signs of undue bleeding. If the use of the ice bag is resumed, great care must be exerted to keep the bag really filled with ice and with a dry cover on, for it is most distressing to this type of patient to have a damp bag or one that is not filled with ice, when she knows that it should be. After she has fully recovered from the anesthetic and all danger of contracting cold has been eliminated, much can be done to keep the patient quiet and comfortable with baths and alcohol rubs. To quiet a nervous, restless patient so that she becomes calm and even goes to sleep, by means of such nursing care, is a real art and a great asset in the care of patients such as these. Water is almost invariably urged and the diet is increased as rapidly as possible, because body nourishment is here so important.

A common postoperative discomfort is the presence of mucus in the throat and a resulting irritating cough. In most hospitals inhalations of tincture of benzoin compound or some similar substance may be given freely and without special order. Hot lemonade often seems to bring relief, also.

In the last analysis, the prime requisite in the care of patients with hyperthyroidism is absolute rest. The nurse who can relieve annoying symptoms, who can by her tact and diplomacy, her gentle yet firm attitude, and her sensing of little discomforts, bring about this rest,—in short, the nurse who can do the most to relieve the patient from the mental and physical hyperactivity which has in far too many cases existed over a long period of time, is the nurse who can best aid the surgeon in his attempt to bring about the ultimate recovery of these patients.

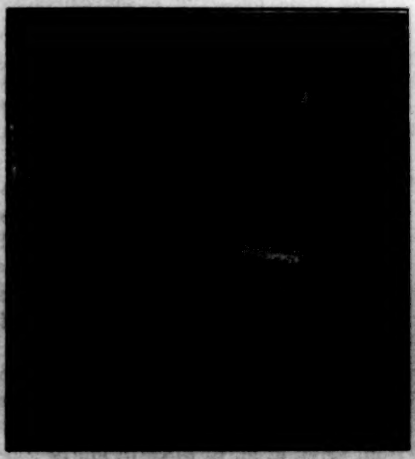
"THE Sanatorium is safe because patients are known to be tuberculous and therefore cough and expectoration are all rigidly taken care of. There is no such routine in an ordinary general hospital and no point of view corresponding to the Sanatorium point of view. When a patient definitely crosses the rubicon and is pronounced to be tuberculous, there is an exaggerated fear of him, but until he is so classed he may cough and spit without any very great criticism or supervision. Even when classed as tuberculous, I have found hospital people taking proper care of the sputum but giving no directions with regard to cough, and lung patients simply spraying the air in which the pupil nurses had to live and move. Of course we consider *every* cough and *every* spit dangerous, but this is not taught in general hospitals."

D. A. STEWART, M.D.
Manitoba Sanatorium, Ninette, Manitoba.

The Care of Premature Infants

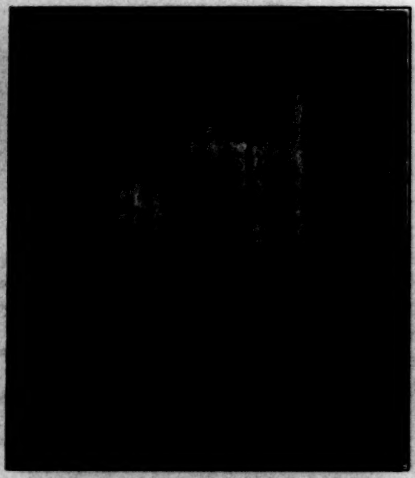
By Ellen Schalin, R.N., and Margaret W. Stewart, R.N.

THE newborn premature requires careful attention for the first few weeks of life, but common sense and a little education will accomplish a great deal, be it in the home or the hospital.



Heat and proper feeding are the two major considerations in the care of the premature. Food is not given, of course, until eight to twelve hours after birth, —the first feeding usually consisting of boiled water and karo syrup. The child is fed with a medicine dropper for the first month, and for longer if considered necessary; an inch of rubber tubing on the end of the dropper will prevent the child from being scratched by the glass. The child's head should be slightly elevated during feedings, to facilitate the passage of the milk and thus prevent regurgitation. Mother's milk is the ideal food for the child; the breasts should be pumped and the milk fed to the child by medicine dropper, until it is strong enough to nurse. When this is not possible, after the first two months a suitable artificial feeding may be substituted and the results are usually good. Water is given between feedings. When the child is unable to take food or water, saline interstitially is given twice a day,—as a last resort the child is gavaged.

When the premature is brought into the hospital, his temperature is usually much below normal, consequently our first objective is to supply external heat. Our prematures are all placed in light tents when admitted, clad in premature jackets (made of gauze and cotton), diaper, and a loosely wrapped blanket if under three months—otherwise, in diaper, shirt and blanket.

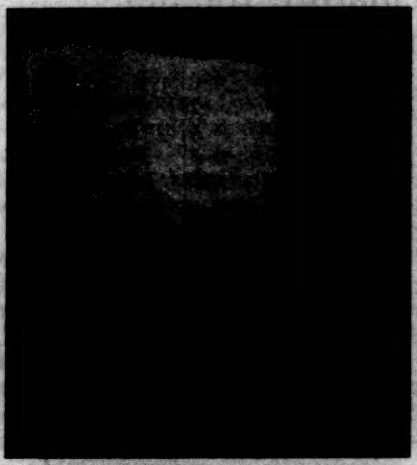


The light tents are constructed upon an ordinary infant bed; they supply the necessary heat, keep the temperature even, and provide fresh air. The articles necessary for this are:

Electric light extension with two bulbs, one 25 watt, one 40 watt, of carbon light

A special frame made of hollow cast iron piping

Three head pads, 1 bed pad, 2 rolls 2-inch bandage



Three small sheets, 2 large sheets, 2 small pillowcases

One large pillowcase, enclosing a green curtain, 5 blankets.

Two doz. safety pins, 4 doz. common pins, 1 thermometer

One ruler.

The procedure is as follows:

1. Place lower sheet and pad, as for ordinary infant bed.
2. Place head pads around bed.
3. Place one pillow at foot.
4. Apply the special frame, secure in place with bandage, cover the entire head of the frame with bandage and for 10 inches down from the head on each side.
5. Test lights and see if they are secure in their sockets.
6. Fasten light extension securely 16 inches from head of bed.
7. Fasten rod for eye shield 10 inches from head of bed.
8. Arrange eye shield so that there will be 3 inches of space between the lower end and the mattress pad.
9. Cover the frame with blankets, not less than three thicknesses, over and around the tent.
10. Cover the top with the small sheet, using safety pins when invisible.
11. Drape ends and sides with large sheets.
12. Adjust lining for head of bed.
13. Place pillow at head of bed.
14. Place thermometer.
15. Opening of 9 inches left at head of bed.

In the home, a practical light tent can be made with a large clothes basket and fence wiring in the above manner. Some hospitals use the zinc box with carbon light underneath but this does not seem satisfactory because of the thickness of the mattress and the danger that the rubber might burn.

The temperature of the tent is regulated partially by the heat of the ward, kept at 80 degrees F., and partially by the two carbon lights, so that the child is kept in a constant heat of 85 to 90 degrees.

The humidity of the room is also to be considered. In this hospital the proper degree of humidity is maintained by a humidifier which regulates the dry and moist heat by a water fan. The difference in dry and moist heat should be ten degrees.

We have here every means to care for the premature. The capacity of the ward is ten beds. A nurse is on duty from seven a. m. to three p. m., in constant attendance for any emergency, though there is usually little to do for the children after the morning care which consists of a warm oil rub daily and a warm soap and water bath once a week. All baths and treatments are given in the tent, the child being removed only when he is weighed, twice a week. From 3 to 11 p. m., and from 11 p. m. to 7 a. m., we have trained colored nurses' aids on duty. They have been carefully taught the important features of the care of the premature and they have executed their duties well, over a long period of time. As they cannot act in an emergency, the floor nurse is made directly responsible to the supervisors for the condition of the premature.

Newer Methods of Examination

By Maude B. Muse, R.N.

THE attention of many of those interested in nursing education has for some time been centering on the problem of examinations. What is the purpose of the examination? What constitutes a "good examination?" How may the questions of the examination become a more adequate measure of the knowledge, abilities and skills of the nurse? In other words, how may examinations become more of an art and less of a "necessary evil?"

The good examination is recognized as possessing the following characteristics: (1) *validity*, (2) *reliability*, (3) *objectivity* in scoring, and (4) a *minimum expenditure of energy* for teacher and students.

Validity

BY "validity" is meant the worthwhileness of the examination. Validity may be determined in three ways: the judgment of several competent persons, a survey of the situations where the knowledge may be expected to function, and by an analysis of first-class textbooks on the subject covered by the examination.

To possess validity the final examination in a given subject (or a state board examination) should *sample widely* the range of subject matter revealed to be most worth while according to the above criteria. The relatively limited sampling of the average traditional-type examination is beginning to be recognized as making its validity questionable.

A state board examination in bacteriology, for instance, should sample each phase of the rather extensive knowledge of the subject which the graduate nurse should possess. With the old-type question this is most difficult, if not impossible; but with the new-type question (100-200 true-false, or 50-100 multiple-choice questions) it can readily be accomplished.

To ensure this wider testing, however, it is important that there should be *no attempt, in the case of the final examination or a state board examination, to reduce the time of the examination period.* In these instances, approximately the same time should be allotted for the short-type as was previously devoted to the traditional examination, thus securing 20-30 times as many reactions from the student as has hitherto been possible. It is this possibility of a wider sampling of knowledge which gives the short-type question a high score for validity.

Reliability

BY "reliability" is meant the degree to which a test or examination measures that which it is intended to measure. Have you, perchance, taken an examination which measured not so much the facts of the course, nor yet your ability to use those facts, but rather a certain intuitive ability to formulate answers in accord with the particular bias or hobby of the instructor? To the extent that the evaluation of an examination depends upon the mere opinion of the examiner, to that extent is it unreliable. An analysis of the three most common forms of short-type questions should serve to reveal their relative reliability. Suppose we take a very simple series in child hygiene first.

(1) T. F. The child of twelve months should sleep 16-18 hrs.

(2) The child of twelve months should sleep _____

(3) The child of twelve months should sleep (a) 16-18 hrs.; (b) 14-15 hrs.; (c) 10 hrs.; (d) 8-12 hrs.

Analysis: Even if form (1) is marked "false" (the correct marking), it is no

guarantee that the student knows the correct answer. This question does not therefore, by itself, possess "reliability." In the above series, because the answers are quantitative, the completion question and the multiple-choice question are discovered to be about equally reliable. If the blank in form (2) is filled in correctly, well and good. It is readily scored and tests what it sets out to test. Form (3) is as good as form (2) but has no special advantage over the completion question as might be the case if the answers were not quantitative.

A series built around a true-false question from an examination in pediatrics will serve to reveal further differences in reliability.

(1) T. F. Icterus neonatorum is blindness in the newborn.

(2) Icterus neonatorum is _____

(3) Icterus neonatorum is the technical name for (a) urticaria; (b) scabies; (c) blindness in the newborn; (d) jaundice during the first few days of life.

Analysis: If the student knows that ophthalmia neonatorum is "blindness in the newborn" and marks form (1) as *false*, she will make a *perfect score* on this question even though she does not know the meaning of *icterus neonatorum*. This true-false question is also "unreliable," i.e., it does *not*, when standing alone, test what it sets out to test. In this series the completion test, form (2), is again a better question than the true-false, since a perfect score means that the student has answered correctly the question asked. In form (3), however, provided the student knows that "neonatorum" pertains to newborn, but does *not* know the meaning of icterus, she will probably underscore (c); if she does not know either icterus or ophthalmia and should underscore (a) or (b), she has revealed that she also does not know the technical names for hives or itch. Thus in form (3), the underscoring of one phrase may test much more than is tested by filling in the blank in form (2). Both the latter are reliable questions; but form (3), in this series, tests what it sets out to test *plus* other important facts.

Next let us consider a similar group from bacteriology.

(1) T. F. Bubonic plague is transmitted to man by the bite of the mosquito. (A question taken from a recent state board examination.)

(2) Bubonic plague may be transmitted to man by _____

(3) Bubonic plague may be transmitted to man by: (a) the bite of an infected anopheles mosquito; (b) the bite of a culex mosquito; (c) the bite of the body louse; (d) direct contact; (e) the bite of fleas from ground squirrels, rats or other rodents; (f) fomites.

Analysis: If the student answers form (1) as "false" (the correct marking) there is again no guarantee that the correct answer is known. This question too, lacks "reliability" *when it stands alone*. (The importance of a *series* of true-false questions on each topic is discussed later in this paper.) Form (2) in this series is a good illustration of the type of completion question which must be scored subjectively and for this reason lacks "reliability." The careless student, who really knows better, might fill in the blank with "infected squirrels." Shall any credit be given, and if so, how much, for this partially correct answer? Form (3) in this series, as was the case in the second series analyzed, is more reliable than form (2). If the phrase (a) or (c) should be underscored, it is clear that, not only is the cause of bubonic plague unknown, but also the cause of malaria or typhus.

One more analysis should serve to illustrate the fact that the reliability of certain short true-false questions is open to suspicion except when included in a series of questions on one topic. Also to show that the *"single answer"* completion question tends to be more

reliable than the true-false question standing alone, but less reliable than the well worked out multiple-choice question. This time take a question from obstetrics.

(1) T. F. An interruption of pregnancy after the twenty-eighth week is termed by medical men miscarriage.

(2) An interruption of pregnancy after the twenty-eighth week is termed.....

(3) An interruption of pregnancy after the twenty-eighth week and before full term is known by medical men as: (a) miscarriage; (b) delivery; (c) premature labor; (d) abortion.

Analysis: Forms (1) and (2) test only the knowledge of the meaning of *one* term. A series of similar questions must be asked to discover whether the student knows the terms used to designate the interruption of pregnancy at other stages. Moreover, in this series also to answer form (1) correctly (i.e., mark it "false") fails to tell whether the correct term is known. On the other hand, the student who answers form (3) correctly probably rules out "miscarriage" as a lay expression; "delivery" as the final termination of labor; "abortion" as the term used by medical men for interruption before the twenty-eighth week, and therefore underscores *"premature labor"* as the correct answer *because she knows the meaning of the other terms.*

It begins to be evident that well-worked-out multiple-choice questions will always show certain advantages over the true-false or completion types, i.e., they test more knowledge in a shorter time and are a better test of the thought which goes into the answers.

The lack of reliability of certain true-false questions when occurring alone may be overcome, however, by presenting a series of questions on each important topic, covered by the examination. For example, a state board examination on "Hygiene, Bacteriology and Communicable Diseases" included the following two questions on immunity:

T. F. Active immunity lasts longer than passive.

T. F. In passive immunity the cells of the body produce their own anti-substances.

Would not these questions be a more reliable test of whether the student possesses adequate knowledge on so important a subject as immunity if they were part of a series such as the following?

T. F. 1. Immunity is the ability of an individual to resist disease.

T. F. 2. Immunity may be native or acquired.

T. F. 3. Native immunity and passive immunity are synonymous.

T. F. 4. Active immunity is acquired only by having an attack of the disease.

T. F. 5. Passive immunity may be acquired by administering very small measured doses of a given toxin.

T. F. 6. The immunity afforded by an attack of the disease is always lifelong.

T. F. 7. The degree of immunity acquired may range from the weakest possible to absolute protection.

Seven small circles around the T's or F's of the series of questions will reveal whether the student possesses a working knowledge of immunity. Are seven or eight questions a disproportionate number to include on immunity out of a total of 100 or more on bacteriology or 200 or more if the student is to be tested, as was the case in one instance, upon "Hygiene, Bacteriology and Communicable Diseases" in one examination?

Objectivity

SUBJECTIVITY in scoring is one of the chief sources of unreliability. One of the outstanding objections to the old-type examination is the difficulty in evaluating the answers objectively. It has long been recognized that the grading of the traditional-type examination is largely a matter of individual opinion. Few examiners, however, appreciate the wide range of opinions possible in grading such examinations.

Pressy[1] reports that when two term papers in English were scored by 142 teachers of English, the scores ranged from 60-98 for one and from 50-99 for the other. Thinking that an exact science like geometry would be scored more accurately, he submitted the same examination paper in geometry to 118 teachers of the subject and the scores ranged from 28-91.

The true-false and multiple-answer forms of the short-type question may be readily scored objectively by any careful worker, who does not even need to know the subject matter. The completion question gives more difficulty. The only completion question readily scored objectively is the *"single answer type."* By "single answer" is meant that the blank left can be filled in *one way only*, that no other word or words could possibly be used by the student to complete the statement. The fact that, aside from certain forms of the completion question, all forms of the short-type examination may be readily scored objectively, is a strong argument in their favor.

Time and Energy Saving

THERE is no doubt about the saving of time and energy of the students when the short-type examination is used. Instructors who have used this method for four or five years testify that the students evidence "less fatigue, and less nerve strain" than when taking the old-type examination. They say that "the students prefer the short-type examination" and that they themselves feel certain that "it presents as satisfactory a test of knowledge as does the traditional-type."

When it comes to saving the time and energy of the instructor, opinions differ. The instructor of nurses who has been in the habit of working conscientiously eight to twelve hours over each set of traditional-type examination papers; who has laboriously corrected mistakes in spelling and English as well as in the subject matter, welcomes any possibility of a more efficient method of testing knowledge and of detecting and correcting misconceptions. If, however, she has ever attempted to sit down and formulate in one day a "valid" and "reliable" set of short-type questions for a final examination on any subject in the nursing curriculum, she begins to have serious doubts as to whether this newer method is, so far as she is concerned, a "time and energy saver." Her difficulty arises from an attempt to formulate the questions all at once.

If the instructor, after each lesson, while the subject matter and points found difficult for the class are still fresh in her mind, should formulate ten or twenty pertinent short-type questions, she would have on hand when examination time came, a satisfactory list of questions from which to choose the best. She need waste no long weary hours "thinking up" examination questions.

There are several other very useful types of short-type questions besides the three analyzed in this paper, but lack of space prevents any mention, let alone discussion, of other forms at this time.

Summary

TO be a "good examination" a series of questions must have what is known as *validity, reliability, objectivity* and should require the *least possible expenditure of time and energy* for teacher and student. The three varieties of short-type questions discussed in this paper may be so worded and so arranged on the paper as to conform to each of these requirements.

To be most valid and reliable, the true-false question should be grouped as a series of questions upon each important topic covered by the examination. There should be at least 100

[1] Pressy, L. C. Introduction to Use of Standard Tests.

questions in any final examination or state board examination where the true-false is the only type of question used. There should be as many blanks left, where the "single word" or "single phrase" completion is used; but 30-50 good multiple-choice questions may be made to cover the ground equally well.

In the questions analyzed in this paper, the multiple-choice questions have certain important advantages over the other two forms. This type of question is usually considered harder to formulate than are the others. They are accused of presenting a real intelligence test for the instructor, which is as it should be. "By their examinations shall ye know them," may be said of all teachers, whatever the type of question they may employ.

Practicing Health Habits[1]

By Ennion G. Williams, M.D.

I AM here today because I asked to be invited. When I learned that those in charge of our Virginia training schools for nurses were holding an institute, I could not resist the temptation of asking for the privilege of speaking briefly to you. You afford such an excellent opportunity for the dissemination of valuable health information. Through you we can reach others innumerable.

You know how the water supply of a city is protected by the addition of chlorine. Into the large main leading from the reservoir, a small tube enters, and through that tube chlorine is passed. The water, purified by the chlorine, goes into other mains, first large and then small, finally flowing through the pipes that serve the private homes. This ensures safe water for the individual citizen.

When you get information, you are like the great main of a city; you pass it on to the nurses under your tutelage, and they convey it to those with whom they come into personal or professional contact.

I seek to impress you particularly with the importance of teaching your nurses that they should practice certain personal habits which are stated in two simple rules. These are:

1. Whenever you cough or sneeze, bow your head or put a handkerchief over your mouth and nose.
2. Don't put into your mouth, fingers, pencils, or anything else that does not belong there, nor use a common drinking cup.

A general observance of these rules will prevent the transmission of certain diseases which, as a general rule, are the most difficult to control. These are the diseases that are transmitted by secretions of the mouth and nose. Many other diseases are also prevented by following Rule Two.

Only recently have we learned how to combat these diseases, how to prevent their spread. In earlier years, quarantine was the sole reliance,—the patient was isolated. Then it was imagined that disinfectants would help, and basins filled with disinfectant solutions were placed under beds, cloths soaked in such solutions were hung over the doors. I have seen sewers whitewashed at their entrances and copperas sprinkled in gutters when these diseases were prevalent in a community.

When we began to learn something about germs in relation to disease, medical knowledge started along accurate

[1]Read at an Institute under the auspices of the Education Committee of the Graduate Nurses' Association of Virginia, Richmond, November, 1926.

lines. At first our knowledge was vague, and possibly our ideas in regard to applying that knowledge were vaguer. As information was added, our methods improved.

We learned that the germs which cause human disease do not live long outside the human body and that they are carried not only in the bodies of the sick, but in the bodies of people who have mild or unrecognized cases of sickness, or who have suffered at some time from the disease and have become carriers. This taught us to know that a person who is not really sick may carry virulent germs. Then we learned that to prevent these diseases we must prevent the transference of secretions from one person to another, that a communicable disease can only be contracted by getting into the body, germ-holding secretions, or excretions from another person who is sick, or from a carrier; and, since we cannot know who is a germ carrier, we should regard all secretions or excretions as potentially dangerous. So, in order to prevent the communication of the mouth and nose or throat diseases, we devised the two simple rules.

I realize the fact that it is exceedingly difficult for people to change habits late in life. Those who are used to putting their fingers into their mouths to turn the leaves of a book or who put pencils in their mouths when in the act of writnig may not readily give up such practices, because they are performed unconsciously. People who should know and do know better are frequently guilty of these offenses; but those of the new generation are learning better and we hope to reach the young before bad habits are fixed.

In practically every school room in the State of Virginia there is a poster containing these two rules. The members of the younger generation are criticising those who should know better. Recently a young man told me that while he was in an infirmary he asked a nurse for a postage stamp. She gave him one and when he asked for water to moisten the stamp, having been taught not to put the stamp in his mouth, the nurse told him to lick it; and when he was disinclined to do so, she took it from him, licked it herself, and stamped the envelope. The intelligence of this nurse certainly fell in the estimation of that young man.

A student in one of our public schools recently asked me if it was all right for the nurse to take the temperature of a fellow student who was evidently sick and then wash the thermometer with plain running water and put it in the mouth of another student. He had a better idea of medical asepsis than this nurse apparently had.

Again, I visited a tuberculosis sanatorium that is considered one of the most elaborate and most expensive in the country, having cost more than $1,000,000. I stopped outside one of the wards to question a nurse about certain details. She was evidently a graduate, and probably a head nurse, as she was dressed in a white uniform with a black band around her cap. She had just come from a ward and was about to enter certain notes on charts. As I spoke to her, she took the pen and put it in her mouth running it around in her mouth as I was talking to her. It is exceedingly dangerous for such a nurse to work in a tuberculosis sanatorium.

Nurses, however, are not the only offenders. Doctors should know better, but habits of childhood are often too fixed for them to profit by information secured late in life. I could mention many instances.

At a meeting of a national organization devoted to tuberculosis, I was told by parties who attended, that one of the principal officers of the association who read a paper, had a very bad cold; that

he coughed several times during his reading and each time put his right hand up and coughed into his hand; and also when he had occasion to turn a page of his paper he put his finger into his mouth.

Another eminent tuberculosis expert, who is a victim of tuberculosis, read a paper at this meeting and, each time he turned a page of his paper, put his forefinger into his mouth.

One of the doctors who saw these two doctors do this, said that he had hoped to meet these two eminent authorities but after he had seen them infect their hands in this way, he preferred not to meet them, for fear of the possibility of having to shake their polluted hands.

Another incident is that which occurred when attending a lecture in which tuberculosis tissue fresh from autopsy was demonstrated to a class. The demonstrator, taking the fresh tissue in his hands, with his finger pointed out the tuberculous area. A few minutes later, he turned from the tissue to his notes and, in turning the page of his paper, put his finger in his mouth. This hardly seems possible, but it illustrates the force of habit.

I trust that these few instances will be sufficient to impress upon you the importance of teaching your students in the training school these two simple rules and seeing that they know them and are practicing them in their daily work.

A Real Vocation[1]

By Clementino Fraga, M.D.

(Translated from the Portuguese by Mrs. Ethel Parsons, R.N.)

JUST one year ago, there was celebrated in this same hall the solemnity of the graduation of the first Brazilian nurses. An event of great significance, it marked the beginning of a new era in Brazil in the realm of public health, which is now progressing according to modern standards of technic.

In the complex organization of social and preventive medicine, initiated in Brazil and directed, until recently, by the genius of Professor Chagas, it was our privilege to apply those principles which other peoples have already in practice. We have taken advantage of those experiments and processes that have been proven valuable by technical experience, especially in North America, where modern sanitation shows a prodigious development. In his work, Professor Chagas advantageously adapted these principles of sanitary science to our local conditions, ever with a vision of the radiant prospects of a new country that is growing, increasing in power, and marching firmly along the road of civilization and progress. Here, the sanitary conscience, still limited chiefly to the medical profession, little by little is gaining the interest of other socially minded groups, and gradually there is growing up a strong concern for the welfare of the mass.

Hygiene, as stated by Winslow, began by the sanitation of surroundings, then passed into the phase of a war against contagious diseases, and has culminated in recent conquests through the health education of the individual. From aggressive prophylaxis, we have passed to preventive hygiene, always more complex as to plans, but also more wise and more far-reaching in results. It is much easier to wait for the dragon of disease to appear, in order to kill it, and to protect the community during a period of

[1]An address delivered at the D. Anna Nery School of Nursing, Rio de Janeiro, Brazil.

emergency, than to attack the evil at its source, in order to guard and preserve the human race.

Until the problem of illiteracy, in our country, has been solved, it will be impossible to obtain results commensurate with the effort that is made, for how is it possible to give adequate education in hygiene to the illiterate? In the large cities of Brazil, however, the proportion of illiterates is diminishing. There, intensity of life, the interchange with other peoples, and the greater diffusion of schools, are all tending to improve surrounding conditions. In these cities, preventive hygiene and medical-social problems can be attacked with high hopes, and the undertaking strengthened by confidence in the outcome, through progress and our national vitality.

In the solution of modern problems of hygiene, the doctor who, through special study, has become a hygienist, is and must be the central figure in any organization. In any campaign of sanitation, he is the director behind the movement and also must coördinate the activities of all of the personnel in his organization. The number of doctors in such a service always is limited and their activities are restricted to diagnosis and administration. Their special technical training as hygienists, following a course in the medical and surgical sciences, prepares them for duties other than personal work of detail which takes up so much time, and turns each patient into a case requiring interested attention.

Hence, the necessity for public health nurses, who have been thoroughly trained and who can go daily and continuously from house to house, from individual to individual, regardless of age, position or social class, doing their duty, and in accordance with their part in the general program.

Miss Nutting has said that public health has no better means to speak than through the voice of the public health nurse, nor a more strategical point of attack than the home wherein she works. The development of the profession of nursing in the United States in such, that in October, 1925, there were in that great country, 1,744 schools of nursing with 50,897 students! Is this not an indication of the importance, in the present sanitary organizations, of the work accomplished in the United States by the women who devote themselves to the interest of public welfare, with special emphasis and concern for the preservation of health? Soon we hope to have increased the number of public health nurses in Brazil and to have extended the service even into the rural zones, developing by degrees, according to the resources of our budget.

Among the benefits generously granted to us by the Rockefeller Foundation, by no means the least is the help given toward the organization of our staff of nurses, proficiently directed by Mrs. Ethel Parsons, to whom we owe the greatest gratitude for what has already been achieved. We recognize our debt and cordially do we thank her.

Even now, that deservedly well and world renowned institution (The Rockefeller Foundation), is constructing, near the Hospital Geral de Assistencia, a pavilion of classrooms and laboratories for the use of the School of Nursing. To see this accomplished was one of the greatest desires of Dr. Chagas, always interested in the development of this important branch of our service.

In the study of nursing, clinical instruction in the care of contagious diseases deserves a special interest. There is no doubt that sound knowledge of the acute infections enables the nurse to suspect the presence of diseases, although it may still be in the disguise of the early stages. In the Willard Parker

Hospital of New York, there is a course of three months for the special instruction of nurses in the technical care of patients with acute contagious diseases. Very soon, in the new pavilion of the Hospital Sao Sebastiao, constructed under the administration of the ex-Minister of Justice and the Interior, Affonso Penna, we will place our nurses, not only for instruction but actually at work, and there we will give to them the necessary training in technic. Also, because of their understanding of the fundamental principles of asepsis, we are confident that they can prevent the crossed infections that until now have been contingent on isolation, real or assumed.

Another problem that we have before us for consideration is that which pertains to industrial hygiene. For this work there must be a definite health program, with specially trained public health nurses who can efficiently and greatly serve in guarding the health of the workmen. The best method would be to have the coöperation of business men who would subsidize public health nurses, who work under the direction of the Department of Health. Many and interesting are the aspects of industrial hygiene, when properly controlled and supervised in regular and continuous service.

Also, in mental hygiene there is a vast field as yet unexplored in Brazil by the public authorities. There only the scrupulous and solicitous work of specialized nurses can obtain real results. Only in the School Alfredo Pinto do we have mental hygiene instructors.

In the beginning, the program of the National Department of Health, wisely attending to the crying necessities of the moment, organized the various services in strong divisions; viz., the Bureaux of Tuberculosis, Leprosy and Venereal Diseases, Child Hygiene, Industrial Hygiene, Fiscalization of Medicine, and Food Inspection. At the time, it was necessary to do this, not only in order to concentrate special thought and effort on one special problem, but also to coördinate the activities of these bureaux around a central axis of technical orientation.

Later on, it may be advisable to utilize the personnel already trained in each service in building up, by degrees, health centers, in which are coördinated and concentrated all health activities of a district. According to Gardner, health centers provide an excellent field for demonstrations in sanitation and the best possible opportunity of extending the services of public health nurses to both the sick and the well.

It is our object to develop and to encourage, more and more, the coöperation and the usefulness of the public health nurse in our health services. This beautiful and victorious enterprise, now adapted to our local conditions, is worthy of the help of all of those who are conscious of our sanitary problems, who devote themselves to their solution. In this activity, also, the present administration will continue, with energy, the work of Dr. Chagas, who planned a great program, with a super-vision of those factors most important to our national welfare, i.e., the preservation of the health of our people.

We wish that the women of our country would regard with greater sympathy and understanding the noble service performed by the public health nurse. In this field there is an opportunity for the employment of all feminine virtues, and one in which they can be devoted to the greatest welfare of the community. For them, our nurses, there is the quiet work, in the intimacy of the homes, in helping the patient to prevent the spread of disease, the great virtue of dedication to a benefit that is impersonal, the solicitude for the comfort of the patient, the charity of assistance, together with

the duty of protecting the well who are menaced by a surrounding evil.

But only those who have a real vocation for this work should undertake to become nurses. The profession must not be simply a means of occupation or of subsistence. The public health nurse must have other purposes and qualities: compassionate kindness, charity, freedom of ambition for personal reward, solicitude for all, and patience without limit, all expressed and sublimated, in the love of her neighbour as of herself.

The profession of nursing, one of the noblest, is also one which most exalts the talents of women because, besides the virtues, even feminine imperfections combine in the imperious necessities of the work. It is one of the privileges of the sex to talk much. By calling attention to this factor, I do not wish to exaggerate, nor is it my intention to emphasize any characteristic of women that would, in any way, belittle them. The story goes that while Pope Leo XII was visiting a convent, the abbess asked him if he would permit the nuns to confess to each other, avoiding the necessity of the visits of a priest. "I would do it gladly," said the Sacred Father, "if there were not one inconvenience; viz., that the confession must not be divulged, and it is very difficult for women to keep a secret!" Christian piety did not prevent a Prince of Christianity from having a real knowledge based on psychological observation!

For myself, I confess that my admiration is for the women who do not talk too much; but, in administration, it is sometimes necessary to utilize even human imperfections, by transforming them into productive energy. With public health nurses, who must work effectively in the education of the public in hygiene, this is exactly the case. Feminine loquacity, which may become dangerous, can be transformed into a benefit, being utilized in giving advice, warning and education in hygiene. Here are women in their element. . . . . May they be,—as they are.

Gentlemen, once when speaking in a Congress of Brazilian hygienists, I stated with sincerity and deep feeling that hygiene is an apostleship. It requires from the individual hygienist, courage, sincerity, and militant faith; from the community, respect and patriotic obedience. Preaching or doing, the hygienist promises and realizes, transposing in the realization, the very limits of the promise.

To him, to serve humanity, simple and mechanical performance of duty, is not enough. Only the inner flame that vitalizes, the enthusiasm that warms, the unselfish devotion that stirs and the fanaticism which ravishes, will, I believe, suffice.

To the nurses graduating today, I wish to express the sympathy and the confidence with which the Department of Health receives them. Remember that among those who work in public health there must be not only the faith of the believer, but also the moving enthusiasm of the fanatic. New priestesses of a religion of sanitation, may God illuminate you with the courage to work for the benefit of all mankind, without regard for an earthly reward; and may quiet faith, like the lamp of the sanctuary, never be extinguished in your worship of this most noble purpose. Serve it always with all your soul, with "the sun in your heart."

Clinical Bulletins

NURSES interested in surgical procedure and equipment would do well, when in Chicago, to secure the daily clinical bulletins prepared by the College of Surgeons. These give the operations scheduled for a long list of coöperating hospitals, with the names of the operating surgeons.

Florence Nightingale's Notes on Nursing

By Elisabeth Robinson Scovil

NONE of Florence Nightingale's writings is of greater interest to nurses than her "Notes on Nursing" and yet the book itself is not widely known in this generation. The copy from which these quotations are made was published in 1868 and is called "a new edition." There is a short preface, signed "F.N.," written in September, 1867, which states that "This Edition has been made for the use of the Labouring Classes, with some abridgment, with considerable additions, and with a supplementary Chapter on Children." The preface to the original edition says:

The following notes are by no means intended as a rule of thought by which nurses can teach themselves to nurse, still less as a manual to teach nurses to nurse. They are meant simply to give hints for thought to women who have personal charge of the health of others. . . . . I do not pretend to teach her how, I ask her to teach herself, and for this purpose I venture to give her some hints.

It is very interesting to note the strides that have been made in nursing knowledge since this little book was written, about sixty years ago. They are revolutionary. There is more knowledge of the laws of health in the poorest homes today than there was in the most luxurious at that period.

Florence Nightingale's strong common sense and keen observation taught her many things, commonplaces now, then not to be obtained from any written page. She says:

The symptoms or the sufferings generally considered to be unavoidable and peculiar to the disease are very often not symptoms of the disease at all, but of something quite different—of the want of fresh air, or of light, or of warmth, or of quiet, or of cleanliness, or of punctuality and care in the administration of diet, of each, or of all of these.

Every day sanitary knowledge, or the knowledge of nursing, or in other words, of how to put the constitution in such a state as that it will have no disease, or that it can recover from disease, takes a higher place. It is recognized as the knowledge which everyone ought to have—distinct from medical knowledge, which only a profession can have.

I use the word nursing for want of a better. It has been limited to signify little more than the administration of medicines and the application of poultices.

The process of repairing the body which nature has instituted, and which we call disease, has been hindered by some want of knowledge or attention in one or all of these things, and pain, suffering, or interruption of the whole process sets in.

Some of the notes are as timely today as when they were penned. In the chapter on Ventilation and Warming,

The first essential to the patient is this, to keep the air he breathes as pure as the external air without chilling him.

People don't catch cold in bed. This is a popular fallacy. With proper bedclothes and hot-bottles, if necessary, you can always keep a patient warm in bed and well ventilate him at the same time. The time when people take cold (and there are many ways of taking cold besides a cold in the nose) is when they first get up after the two-fold exhaustion of dressing and of having had the skin relaxed by many hours, perhaps days in bed and thereby rendered more incapable of reaction. Then the same temperature which refreshes the patient in bed may destroy the patient just risen.

Open the windows above not below. If your windows do not open above, the sooner they are made to do so the better.

For the sick warming is a necessary part of ventilation. The feet and legs should be examined by the hand from time to time and whenever a tendency to chilling is discovered, hot bottles, hot bricks, or warm flannels, or some warm drink should be made use of until warmth is restored.

Patients are frequently lost in the latter stages of disease from want of attention to such simple precautions. The nurse may be trusting to the patient's diet or to his medicine, or to the occasional dose of stimulant

which she is directed to give him, while the patient is all the while sinking from want of a little external warmth. This fatal chill is most apt to occur towards early morning, at the period of the lowest temperature of the twenty-four hours and at the time when the effect of the preceding day's diets is exhausted.

Miss Nightingale's remarks on hot water bottles sound a little droll to us.

What can nurses be thinking of who put a bottle of boiling water to the patient's feet, hoping that it will keep warm all the twenty-four hours. Of course every time he touches it it wakes him. It sends the blood to the head. It makes his feet tender. And then the nurse leaves it in the bed after it becomes quite cold. A hot bottle should never be hotter than it can be comfortably touched with the naked hand. It should not be expected to keep warm longer than eight hours. Tin foot warmers are too hot and too cold. Stone bottle are the best, or India rubber, but careless nurses make sad havoc with the latter, by putting in water too hot, or by letting the screw get out of order, and the patient be deluged in his bed.

All these things require common sense and care. Yet perhaps in no one single thing is so little common sense shown, in all ranks, as in nursing. The art of nursing, as now practiced, seems to be expressly constituted to unmake what God had made disease to be, viz., a restorative process.

Scattered through the book are wonderfully acute observations, so well and tersely put that they cannot but be remembered.

A very great deal is now written and spoken as to the effect of the mind upon the body. Much of it is true. But I wish a little more was thought of the effect of the body on the mind.

A nurse is ordered to give a patient a teacupful of some article of food every three hours. The patient's stomach rejects it. If so, try a tablespoonful every hour; if this will not do, a teaspoonful every quarter of an hour.

Careful observation of the sick is the only clue to the best dietary. Incomparably the most important office of the nurse, after she has taken care of the patient's air, is to take care to observe the effect of his food and report it to the doctor.

Feverishness is generally supposed to be a symptom of fever—in nine cases out of ten it is a symptom of bedding.

Courts of justice seem to think that anybody can speak the truth, the whole truth and nothing but the truth if he does but intend it. It requires many faculties combined of observation and memory to speak the whole truth and to say nothing but the truth. Good nursing consists simply in observing little things which are common to all sick, and those which are particular to each sick individual.

It is often thought that medicine is the curative process. It is no such thing. Medicine is the surgery of functions, as surgery proper is that of limbs and organs. Neither can do anything but remove obstructions; neither can cure; nature alone can cure. Surgery removes the bullet out of the limb which is an obstruction to cure, but nature heals the wound. So it is with medicine. The function of an organ becomes obstructed; medicine, so far as we know, assists nature to remove the obstruction, but does nothing more. And what nursing has to do in either case is to put the patient in the best condition for nature to act upon him.

It is, however, Florence Nightingale's comments upon nurses which are of most interest to us from a professional point of view. They show the enormous progress that has been made during the last sixty years in our calling.

What strikes one most with many women who call themselves nurses is that they have not learned the A. B. C. of a nurse's education The "A" of a nurse ought to be to know what a sick human being is. The "B" to know how to behave to a sick human being. The "C" to know that her patient is a sick human being and not an animal.

We are often told that a nurse needs only to be devoted and obedient. This definition would do just as well for a porter. It might even do for a horse. It would not do for a policeman. Consider how many women there are who have nothing to devote—neither intelligence, nor eyes, nor ears, nor hands.

It seems a commonly received idea among men, and even among women themselves, that it requires nothing but a loving heart, the want of an object, a general disgust, or incapacity for other things to turn a woman into a good nurse. This reminds one of the parish where a stupid old man was sent to be school master, because he was past keeping the pigs.

It is also interesting to observe the advance that has been made in other directions than in the actual training. This was written about 1867, sixty years ago.

The position as well as the wages of nurses in many hospitals and workhouse infirmaries and also in civil life, has been very much improved of late years. Women of the age of 25 and upwards, sometimes younger may, if duly qualified, readily obtain from £20 to £30 a year (approximately $100.00 to $150.00) with everything found; hospital, i.e., ward sisters, in some London hospitals, £50 ($250.00) with like advantages, and matrons or superintendents in provincial hospital from £60 ($300.00) to £100 ($500.00) with board and lodging; in some London hospitals more.

An Appreciation—Sister Agnes Karll

By Lavinia L. Dock, R.N.

THE passing of Sister Agnes Karll has taken from us a true pioneer in nursing, one of the rare personalities, who was eminent among those busied with transforming nursing from ancient to modern ways. Her immense labors, complete devotion, and remarkable gifts of intellect and character, may only be imperfectly realized, even in Germany, by the younger generation whose careers are made under conditions so different.

At the opening of this century, nursing in Central Europe was slowly changing from a work of charity, carried on by endowed institutions, to a paid professional occupation.

The conditions of this change bore with grievous hardship upon individual nurses and early attracted the sympathetic notice of leaders in the growing woman movement. More acutely they bore upon the minds and hearts of a tiny group of nurses who alone had courage to stand forth, and resourcefulness to seek a solution. Among these was Sister Agnes Karll.

She had always been a delicate child, serious, earnest and thoughtful beyond her years. A deep longing to be of use in the world filled her emotional life and she first, at a very early age, tried teaching in a children's school. But this did not satisfy her. The needs of the sick and afflicted called to her insistently; and when she was only eighteen years old she entered the Clementina House in Hannover, then one of the best of the Red Cross hospitals with a school for nurses attached to it. After training there, she spent some years in Berlin, at private duty. She separated herself from the ties of the Motherhouse and gathered about her a little group of "free" or isolated nurses. During these years her qualities, shown in her skillful and tender care of the sick, won for her many friends whose help and influence counted greatly in her after-work. Her insight and sympathy urged her to a broader usefulness and when, in 1901, she read an article by Marie Cauer on nursing conditions, she answered it. They met and at once the nucleus of an association was formed. From this point on, Sister Karll took the lead in burdens, responsibilities and ventures. Her sagacity led her with Sisters Marie Cauer, Elizabeth Story and Hélène Meyer, to the sessions in Wiesbaden of the National Council of Women, to ask advice and encouragement. The aim they had in mind was to obtain government regulation of hospitals, nursing schools and education; also to secure for the free nurses the benefits of welfare legislation.

They went back to Berlin with their

plans completely made, the Council of Women having given them warm sympathy and wise counsel. A self-governing association must be built up (a revolutionary idea at that time) an educational campaign carried on, the physicians enlisted, members of legislatures and important public officials won over, influential groups of the laity induced to help with money and moral support.

To initiate such a movement called for at least one person's entire time and strength. Sister Agnes offered hers. This meant giving up her income from private duty. Her means were of the slenderest, for though a line of ancestry had held large landed estates, that was of the past. Neither would she take a salary from nurses. Sister Agnes now took a modestly paid position with an insurance company which at that time gave the only opportunity nurses had of providing for their future. On this small foothold of financial independence she lived while doing all of her immense organizing work. From that time on, while always delicate and often ailing, her life was one of unremitting and selfless devotion. She planned the nurses' association on a nation-wide scale, and in ten years' time it had reached its present great numbers, had gained public esteem and confidence, accomplished its main purposes, founded a journal, staffed and reorganized a number of hospitals and, from the one bare, dingy room where Sister Agnes first toiled, developed a large and ample Headquarters fully staffed with paid workers. Sister Agnes' manifold activities can be no more than touched upon. How joyfully she led the German nurses into the International group in 1904, in Berlin, how she translated the two first volumes of A History of Nursing, how glorious an event she made the Cologne meeting in 1912, this and more should be read elsewhere.

Sister Agnes' character was of dominating strength and intense energy, irradiated by boundless loving kindness and compassion. These impulses directed an intellect keen, searching, and forceful. She had the qualities of a leader and the heart of a tender mother. She cared for all humanity and no individual was alien to her. In her personality, strength and sincerity, reasonableness and goodwill, were so balanced that she could conduct difficult enterprises without friction. Important men respected her judgment, took her advice, and talked to her as to a colleague.

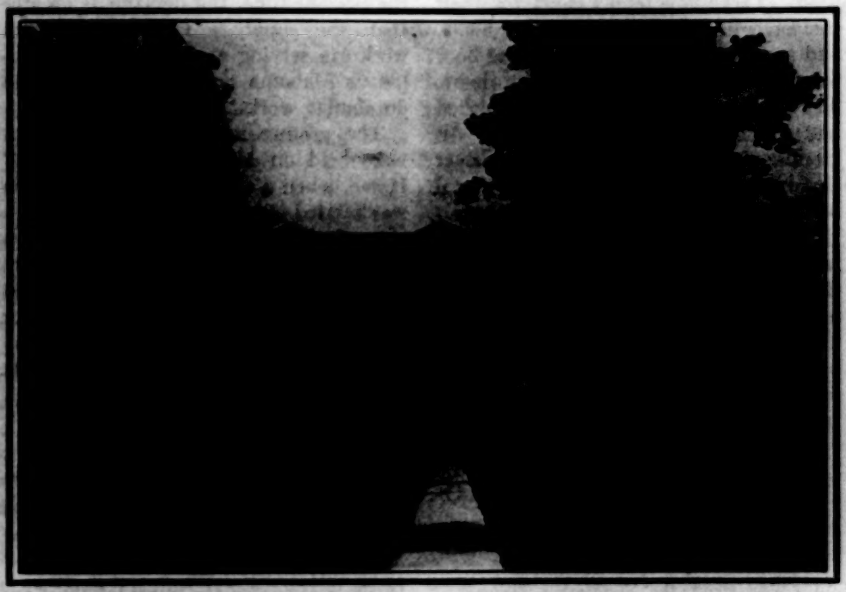
Cruel and crushing in her life was the War and this marked the breakdown of her strength.

Born on the 25th of March, 1868, in Embeen, Sister Agnes was only fifty-eight when she died, on the 12th of February, 1927, in Berlin. Her last illness was long and painful. She was buried in Gadebusch in Schleswig, after services held in the Chapel of St. Matthew's Cemetery in Berlin. The German Nurses' Journal, *Unterm Lazarushreuz*, for March 1, 1927,[1] gives a full account of the ceremonies and contains a number of addresses on her life and work. She held the following titles: Founder and President of the German association and its branches; always Vice President, once President, then Honorary President of the International Council of Nurses; Honorary President of the Matrons' Council of Great Britain, of the National Council of Nurses of Great Britain, and of the Swedish Nurses' Association.

[1] It may be obtained at Headquarters, Regensburger Street 28, IV, Berlin West 50. Germany.

A School for White and Colored Students

By Jennie C. Quimby, R.N.



THE School of Nursing of the Employees' Hospital of the Tennessee Coal, Iron and Railroad Company, Fairfield, Alabama, has demonstrated that colored nurses can be trained successfully with white nurses and has thereby disproved a popular idea current in the South at the present time.

The first class of colored nurses was graduated from this school in 1922, and since that time, thirty-two nurses have completed this course. The requirement for admission to the school is a high-school education or its equivalent, and an average of 75 per cent must be made in theory and practice, before a student is graduated. Three classes are admitted each year, in October, January and April. The length of the course is three years, and includes the three months' probation.

Experience in medical, surgical and obstetrical nursing is given on the sections for the colored patients. Service in the surgery, childrens' division, and the diet kitchen alternates every six months with that of the white students. There are colored nurses on duty in the out-patient department all the time, caring for the colored patients. Class work in theory for the colored student averages slightly below the grade of the white student at present, but this average is being raised each year, because the mentality of the applicants grows better constantly. The practical work of the colored student compares very well with the work of the white student.

The Nurses' Home is a new frame building located near the Hospital, in a section of grounds surrounded by beautiful shade trees. The students' rooms are equipped to accommodate two, each, with a sufficient number of bath rooms for tub and shower baths. Laundry

facilities are provided in the basement, where students may do any work they wish. There is a tennis court for their exclusive use in the rear of the home, and a sleeping porch on the second floor for those who prefer to sleep out-doors. The living room is attractively furnished and contains a piano and victrola. An intelligent colored woman presides over this home as matron and makes a real home for each of those under her care.

The graduates of this school have all taken and passed the Alabama State Board examination for registration of nurses, and all of the graduates are employed either in institution or public health service. The demand for the colored nurse in the South is steadily increasing, as more work is being done in public health for the colored people. At the present time, the demand is greater than the supply. Those engaged in work are serving among their own people in Alabama or have gone north to do similar work.

The graduating exercises, last year, were held on May 13, at the Nurses' Home, when a very interesting program was carried out. In addition to the officers of the school, several well known colored educators of the local district were present, who are well acquainted with the work of the school. Music for the Commencement was furnished by the entire school, numbering thirty-six students.

Can You Make a Perfect Score?

Answers Will Be Found on Page 34, Advertising Section

1. Who wrote the Nightingale Pledge?
2. Who presided over the first meeting of the American Nurses' Association and what was it then called?
3. What organization was chiefly responsible for the organization of the first post-graduate course in nursing, leading to an academic degree?
4. Is there in existence any memorial to the nurses who died in service during the Great War?
5. Who was "the angel of the Crimea?"
6. What school of nursing was given charge of two "foul wards in the 'Brick'" for its pioneer work because it offered "the hard labor desirable for the training of nurses?"
7. In what institution and by whom was the first modern school of nursing established?
8. Where did America's first trained nurse receive her training?
9. Complete the stanza
   "A lady with a lamp shall stand—"
10. What important Schools of Nursing were organized in 1873?
11. What comrades inaugurated the work described in "The House on Henry Street?"
12. Where and when was the first visiting nursing started in this country?
13. Why would a memorial to Jane A. Delano memorialize the nurses of the Great War?
14. Who conceived the idea of an Army School of Nursing and became its first Dean?
15. Who was the first public school nurse in this country?
16. Who organized the first university school of nursing and what doctor was an ardent supporter of the enterprise?
17. What was the Vassar Camp?
18. What is the Rockefeller Report?
19. Who wrote the first American textbook on nursing by a nurse?
20. Why was the World's Fair, held in Chicago in 1893, of particular significance to nurses?
21. In what war did American nurses have their first war experiences and what permanent organization grew out of it?
22. What woman won distinction for her relief and nursing work during the Civil War and of what organization was she, later, the President?
23. When was the Navy Nurse Corps organized and who is its present Superintendent?
24. Which is the largest of the Federal nursing services?
25. What is the purpose of the United States Public Health Nursing Service?

Standards in the Veterans' Bureau

The Development of High Standards of Nursing in the U. S. Veterans' Bureau

By Mary A. Hickey, R.N.

THE history of the Veterans' Bureau Nursing Service is by this time well known, and its present standing among similar national organizations is too well established to require comment, but it is believed that information relative to certain phases of the pioneer work which has resulted in our present admittedly high standards may prove of general interest and is not too well known to bear repeating.

In spite of the fact that this Service is the youngest of its kind, and that when it came into being as a separate organization under this Bureau it was decentralized and loosely-knit, it has, during the comparatively short period in which it has developed into the present centralized, highly efficient organization, made distinct contributions toward the raising of general standards of nursing education. In its early infancy it was chiefly interested in establishing entrance requirements for graduate nurses equal to those maintained in the other Federal nursing services. The problem of this Service was a little more complicated than that of the others, however, due to the fact that, in addition to regular hospital duty, the Veterans' Bureau had a large personnel doing follow-up, or visiting duty, under the district offices.

In June, 1922, this youthful organization with little useful precedent of its own, was faced with the problem of establishing standards for the conduct of a large nursing service under the direction of the U. S. Veterans' Bureau. Conferences were held with the Medical Director and the Assistant Directors of the Bureau, at which various opinions were expressed for and against the setting of high standards. As a result of these conferences, however, general conclusions were reached with regard to this important problem, all of which, it is believed, were in accordance with sound thinking and recognized ideals of the nursing profession.

For the purpose of uniformity and efficiency it was decided to have a centralized service under the supervision of a Superintendent of Nurses located in the Medical Service, Central Office, of the U. S. Veterans' Bureau, Washington, D. C., instead of the unsatisfactory decentralized service which then obtained. High standards of entrance requirements were to be maintained, to which all applicants for duty in this Service would have to conform. It was felt that no effort should be spared to maintain these standards, in order that this Service might become increasingly identified as one keeping constantly before it the best traditions of the nursing art.

As all nurses in the Federal nursing services, with the exception of the Nurse Corps of the United States Army and the Nurse Corps of the United States Navy, were required to qualify under the regulations of the U. S. Civil Service Commission, civil service Form 1952, the only announcement of examination for the position of trained nurse, was reviewed. This contained the requirements to be met by applicants for nursing duty in the Public Health Service, and the Indian Service, and closed June 30, 1922. These requirements were as follows:

Applicant must have graduated from a recognized school for trained nurses requiring

a residence of at least two years in a hospital giving thorough, practical, and theoretical training.

In addition to the above, the U. S. Public Health Service requested applicants to submit, with their application, a certificate of registration, unless living in a state where there was no registration for nurses. This was not required for duty with the Indian Service.

The only reference in this announcement to the Nursing Service of the U. S. Veterans' Bureau was in connection with the position of Chief Nurse, it being required that the applicant for this position should have attained a rating of 90 per cent in the subject of training and experience, and also that she should have had at least four years' experience as trained nurse, subsequent to graduation.

By agreement with the Civil Service Commission, each Bureau head is given the privilege of advising the Commission as to the qualifications considered essential for the different classes of its personnel. Under this agreement, therefore, the Veterans' Bureau conferred with the Commission relative to the requirements for nurses entering this Service, either for hospital or visiting duty (follow-up), and on July 14, 1922, the Commission issued a new announcement (No. 265), of examination for the positions of Graduate Nurse, and Graduate Nurse (Visiting Duty). This announcement included the U. S. Veterans' Bureau. The old designation of Trained Nurse, which had been used in Civil Service announcements heretofore, was changed to that of Graduate Nurse, as being more appropriate for the position. No change was made at this time, however, in the prerequisites for duty as a hospital nurse.

Previous to this time there had been no special qualifications required in those nurses who wished to do visiting, or follow-up duty, in any of the Government nursing services, the requirements for Trained Nurse covering both types of duty. Realizing the great importance of special training for this type of nursing duty, the following requirements were added to the announcement issued in July 14, 1922, to apply to the position of Graduate Nurse (Visiting Duty):

In addition to the requirements for Graduate Nurse stated above, applicants must establish (a) For general Follow-up nurse, at least four months' postgraduate training in public health or visiting nursing at a school of recognized standing or in lieu of such training one year's experience under nurse supervision in public health or visiting nursing.

In 1923, at the request of this Bureau, the Civil Service Commission changed the wording of the announcement to read—"Applicants must have graduated from a recognized *school of nursing*," instead of "school for trained nurses," as it was felt that the latter phrase was ambiguous and did not fully convey the idea embodied in the modern institutions in which young women receive scientific instruction in all phases of the nursing profession.

In 1926, the Bureau, after a careful review of the efficiency reports for a large group of nurses, decided it was necessary to insist on higher standards in the matter of entrance requirements, and the announcement issued in February of that year was changed to read:

Graduation from a recognized school of nursing requiring a residence of at least two years in a hospital having a daily average of *fifty* patients or more (or having a daily average of thirty patients or more and employing at least one full-time resident instructor in nursing).

This last change in the requirements was decidedly a forward step in the endeavor of the Bureau to establish its Nursing Service on only the highest standards. It became necessary for all those nurses who made application subsequent to this announcement to correspond with their respective schools and

secure statements relative to the daily average number of patients and the employment of a full-time instructor. This brought forcibly to the attention of those in charge of schools of nursing the fact that the Federal nursing services were maintaining standards of a high order and requiring a compliance therewith. The knowledge that students from hospitals having a daily average of less than fifty patients would not be accepted unless a full-time resident instructor in nursing was employed, undoubtedly impressed the directors of these schools with the importance of giving their students proper instruction in nursing technic.

In October, 1922, the Director approved a salary schedule which was put into effect February 1, 1923. This schedule placed the minimum salary for nurses at $1,680 per annum, and the maximum at $2,700, which meant an increase of $10 per month in all grades, over the salaries paid previous to the time that this Service was transferred to the Veterans' Bureau.

The foregoing information applies particularly to the efforts of the Bureau to safeguard the standards of its nursing service by insisting upon certain minimum requirements on the part of those desiring to enter this Service. It also seemed advisable to take some constructive action which would result in improving the service rendered by the individual nurse already on duty who, although well trained for the care of general medical and surgical patients, frequently lacked the training and scientific knowledge which were essential in caring for the tuberculous and neuropsychiatric patients.

In line with this plan of working for higher standards within the Service as well as without, an important step was taken in November, 1923, when all the chief nurses from the hospitals and district offices of this Bureau were called to Central Office, Washington, D. C., for a conference with the Medical Director and the Superintendent of Nurses. The purpose of this conference was to give opportunity for thorough discussion of the many and varied problems confronting the chief nurses in their efforts to maintain consistently high standards in the field. This conference was an innovation in the administration of Federal nursing services, and much good to the service in general resulted from this personal contact of the chief nurses with the Director, the members of the Medical Service, and with each other.

In order that the nurses might be better equipped to render efficiently the specialized care essential for neuropsychiatric and tuberculous patients, a number of instruction courses were arranged by the Bureau, to which selected personnel was detailed from the field. The first of these courses was in tuberculosis nursing, and was held at Oteen, North Carolina, in June, 1922. The course lasted four weeks and there were thirty nurses in attendance. The second of these courses was devoted to instruction in neuropsychiatric nursing, and was conducted at St. Elizabeth's Hospital in Washington, D. C., beginning in January, 1923, and lasting six weeks. At the completion of the course, the nurses in attendance returned to their respective stations, and the course was then repeated, after an interval of several days, for a second group of nurses from the field. There were ninety-six nurses, in all, who attended these two courses. The fourth, and last, course, was held in March, 1923, at New Haven, Connecticut, and was devoted exclusively to tuberculosis nursing. There were approximately forty nurses in attendance.

The holding of these courses which were, in effect, postgraduate schools of nursing, made a very favorable impression on the nursing world, especially the

extended course of instruction in neuropsychiatric nursing. A course in psychiatry for the medical officers of the Bureau was held simultaneously with that given for the nurses. The best men that could be obtained in this specialty gave lectures for the doctors, which lectures were open to the nurses. In addition, special lectures were given to the nurses alone. Margaret Belyea, of the University of Iowa, was the nurse instructor for this course, and interpreted all of the lectures from the nursing standpoint. Their range was most comprehensive and the subject was handled from every angle which could prove helpful to the nurses in their contact with their mentally ill patients. The following comment relative to this course was made by a national leader in nursing education:

> It is conceded by leaders in the nursing world that this course marks an epoch in the development of nursing standards in the care of the neuropsychiatric patient.

The courses in tuberculosis nursing were equally as well carried out as those in neuropsychiatric nursing, and were most timely in view of the constantly increasing load of tuberculous patients in 1922 and 1923, and of the fact that there were comparatively few nurses in the service who were specially trained in the care of tuberculous patients. Inasmuch as proper care is the all-important factor in the recovery of this type of patients, it was felt that there was urgent need in our hospitals for more personnel specially trained for this duty. Alice Stewart, General Superintendent of the Pittsburgh Tuberculosis League, was the nurse instructor for this course, and no effort was spared to make it a success.

It is believed that the expense and work involved in carrying out these courses were fully justified by results. The stimulus which followed was far-reaching, and awakened a deep interest throughout the field, in both—heretofore little known—branches of nursing. They indisputably advanced the standards of nursing within our own service, which progress has not only been maintained, but has continued to advance, and undoubtedly impressed upon many schools of nursing the importance of giving their students more definite practical and theoretical instruction in neuropsychiatric and tuberculosis nursing.

As a logical outgrowth of these courses, there has been established in our hospitals and regional offices the practice of giving a series of lectures yearly to the nurses in the service. These lectures are held once a week and are carefully planned. They not only touch on those problems which are peculiar to the nursing care of the patients, but are designed also to give the nurse such scientific and medical information as will enable her to function more intelligently in all her contacts with the patients, and to keep abreast of the outstanding developments in matters relating to the conservation and restoration of health,—of both the public and individual. Most of the nurses who come into this service have had experience that has been confined largely to private-duty nursing only; their conception of the possibilities of their profession is vague, and their knowledge of its far-reaching opportunities is rather limited. These lectures augment the nurses' elementary theoretical training and their practical experience, and constantly widen the horizon of their endeavors.

Another forward step which is constantly proving its worth to the field was the establishment, in the Medical Bulletin of the Veterans' Bureau, of a section conducted for, and by, the nurses of this Service. This section serves as a channel through which improvements in nursing technic or administration which have been worked out in the various

stations in the field, may be disseminated to the service at large in articles prepared by those persons best qualified to present them. From time to time, expressions of appreciation are received from the field, indicating that the nursing section of the Bulletin is read with interest, and that the articles appearing therein are found to be both instructive and helpful. Various organizations not connected with the Bureau have also expressed interest in this section, and have reprinted articles of outstanding merit which are of value to the profession at large.

In line with a consistent desire for progressive development of its Nursing Service, to the end that nothing might be left undone by the Bureau in the performance of the task delegated to it by the nation—that of discharging the public trust toward disabled veterans—the profession at large was called upon to lend its support in this task. This was accomplished by the establishment of an Advisory Committee of Nurses, composed of women of outstanding achievement in the nursing world. This committee supplements the work of the Medical Council of the Bureau and meets simultaneously with the council, twice a year, at Central Office. The function of this committee is to assist in the consideration of the problems with which the Veterans' Bureau Nursing Service is confronted; and out of their varied experience to offer advice and recommendations for the solution of these problems.

As a result of the establishment of this committee, fresh impetus has been given to the efforts of the Bureau toward the standardization of nursing procedure in the whole field, and greater things are looked for in the future. There are many obstacles yet to be overcome, and many imperfections which need correction, but it is not too much to hope that if there be willing coöperation of mind and heart by all those who have any part, large or small, in this great humanitarian endeavor, this Bureau, building on the solid foundation already established, will eventually rear a structure that approaches the ideal of Service.

Meeting the Situation

TO be resourceful is a great asset for a nurse, and I remember one—I have lost sight of her now—who ought to have gone far on that account. She has, however, never nursed me! A group of nurses were up for their Pass and Honours examination and, as usual, two beds were provided, each with its 'patient,' a small convalescent boy, from one of the wards. The examiner went up to one bed and told the candidate that she was to imagine that the patient had had an accident and had been brought in with a fractured base,—what would she do? She was nervous and could not collect her thoughts, so the examiner very kindly, wishing to give her every chance, left her and went off to the other bed to start another candidate. He came back to find the patient stiff and still, eyes closed, and the hands folded decorously across the breast.

'Good heavens! fractured bases don't all die.'

'This one did,' replied the candidate firmly."

—From "In Black and White," by Lord Knutsford.—Quoted by *British Journal of Nursing*.

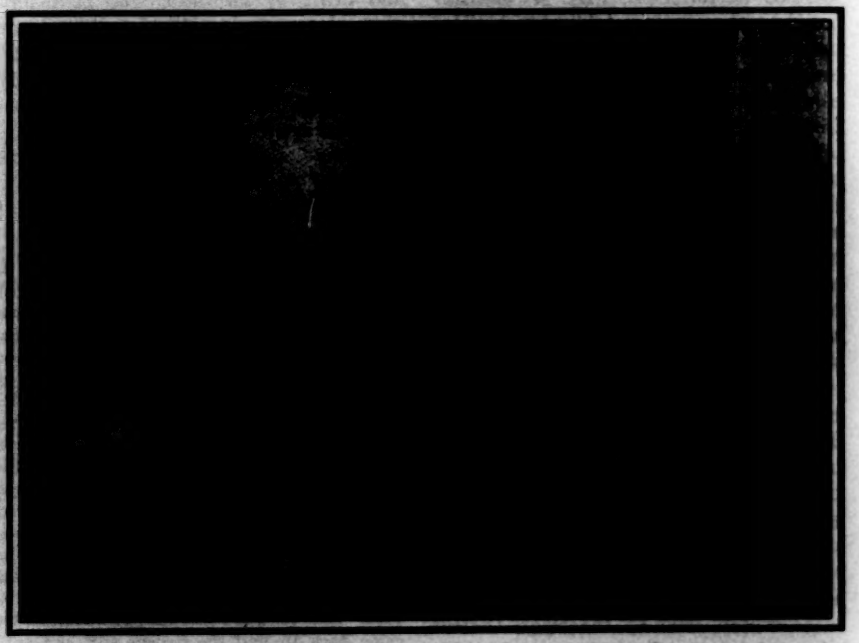
Portrait of Florence Nightingale

THERE still remain a few copies of the portrait of Florence Nightingale, done in sepia, three-quarters length, after the engraving by Timothy Cole, in a size suitable for framing. Order from the *American Journal of Nursing*, 19 West Main St., Rochester, N. Y. Price, $4.50.

Name Lacking

WILL the nurse in Muncy, Pennsylvania, who sent to the *Journal* an inquiry about the book, Manuscript Writing, send also her name and address? The letter was unsigned.

The Grading Committee at Work



THE floor is the only thing in the office of the Grading Committee which is big enough for a sorting table for the mail, these days. With each visit of the postman the entire staff falls to with a will. The flood of mail shows that not only nurses, but doctors and patients, are responding quite splendidly to this opportunity to say what they think about nursing. Happily, a vast deal of what they think is constructive.

The following excerpts from doctors' letters are significant:

Case cited on front of this sheet was a gynecological case with distinct psychoneurosis of the melancholia type. The nurse engaged was an excellent surgical nurse of about twelve years experience who handled this rather difficult mental case *and the family* tactfully and well. The patient is most enthusiastic in her praise of the nurse as is the family—and there has been a very distinct improvement in the patient's mental condition during her stay in the hospital. This patient was at ——— Hospital—and the nurse a graduate of its training school.

The nurses under my observation during the past week have been fairly satisfactory. I seldom have difficulty in obtaining nurses even during the busy season. The shortage, as far as I observe, is "alleged" and not real. Their ethics are surprisingly good considering the prevailing lowering of ethical standards throughout the profession now. They are no better or no worse than the doctors, lawyers, clergymen, etc. Not many have a true vocation—they are accepted without adequate inquiry into their fitness (physical, moral, temperamental or mental). They are "trained" by selfish people for selfish reasons and it is not surprising that they become actuated by selfish motives when they graduate. They are the product of their training and environment. To try to make them idealistic is futile until they are reared in such an atmosphere from the beginning. There has been too much destructive and not enough constructive criticism. The doctors who are responsible for their training are their severest critics. We must all lend a hand toward correcting the public's attitude toward the R.N. and making the training schools what they should be.

EDITORIALS

Read and Learn

"CLASSES in Infant Care, Nursing, Ethics, Drugs and Solutions, Materia Medica, please read and learn." On a nursing school bulletin board this notice was attached to the newspaper account of the deaths of six babies—deaths that have sent a shudder of horror and remorse through the entire nursing profession, for mothers who went to a hospital for safety met instead, utter tragedy.

In another hospital an orderly about to prepare an enema was advised by a passing "special" to use green soap instead of "wasting time" to dissolve the white soap ordered. The orderly, picking up one of two bottles containing fluids used for cleaning, poured ammonia instead of green soap into the enema solution and administered the mixture with appalling results.

In the one instance death came through one of the simplest of all nursing acts—the giving of a drink of water; in the other, through an important nursing procedure, all too often delegated to unskilled hands because of blind tradition.

What shall be done about these things? Across the land instructors are driving home again and again to students the thought that nurses deal with the most precious thing in this wide, wide world—human life. Schools of nursing year by year strengthen their educational programs and their supervision in an effort to develop thoughtful nurses and to safeguard the patients whom they tend. Over and over these cases will be used as examples of the fact that tragedy lurks round every corner in a hospital—any hospital, good, bad or indifferent—and that the price of safety is eternal vigilance. In ways old and new, students will be taught reverence for human life.

Hospitals bear the opprobrium of these rare occurences as best they may, striving ever to reduce the fraction of error. The nursing profession briefly bows its head in sorrow and then, head up, eyes forward, faces the issue and searches for the means to supervise the teaching of students and the care of patients in such fashion that there may be less carelessness due to over-work and other causes. It seeks a way out of the dilemma of sometimes retaining in schools of nursing, because of a hospital's need for workers, women who should never have been considered for training, since they lacked the qualities of mind and heart essential to the practice of nursing.

"Read and Learn." Across the land that thought has flown. Hospitals must be safe places for sick folk and their nursing services carry responsibilities that are not always recognized by those who would fill schools of nursing without much thought of the necessity for that incessant, intelligent and informed watchfulness that is the foundation stone of good nursing.

Medical Chivalry and Team Work

WE think it a happy omen that two medical journals bearing glad tidings of the coöperation of organized medical groups with the nursing profession should have reached our desk simultaneously.

The *Journal of the American Medical Association* for April 2nd contains a vigorous and caustic comment on "Correspondence Nurses." The Association, having driven "mail order" medical schools from the horizon, is now warning physicians against the danger of submitting their reputations to "such

utterly incompetent assistance" as that of nurses prepared by correspondence only.

The *Journal of the Medical Association of Georgia* is devoting two pages monthly to a department of nursing and thus each profession in Georgia may keep in touch with matters of moment to each and to each other. The new department is controlled by the State Association of Graduate Nurses and is edited by Jane Van De Vrede.

Still further evidence of a will to focus coöperative effort on the common objective — the patient — comes from New York, where Governor Smith has signed the Lattin Bill, discussed in last month's *Journal* by Dr. Van Etten. Here indeed is an opportunity for nursing and medicine to combine forces to the end that patients may know the preparation for their calling of the nurses, attendants, and others secured from registries to care for them. Nurses are reminded that this excellent legislation was secured through the efforts of the New York State Medical Association. They are urged to coöperate with the registries in presenting credentials to patients. Never before has nursing had such an opportunity to impress the value of sound preparation on the minds of the public. Never before has a real effort been made to develop a discriminating public. No honest person need fear this law. Those who will resent it are those who have allowed doctors and patients to think them other than they are. The nurse or attendant who can produce the card granted her by the Department of Education of the State of New York is fortunate, because her credentials are easily evaluated.

The world moves and we with it. There is real hope for the patient when doctor and nurse work together in the best sense of that term.

Except at a patient's bedside there could be no finer proofs than these that medicine and nursing can pull together. There is much of medical chivalry in each instance,—chivalry that will add grace to continued teamwork.

A Common Cause

THE patient, that individual who may be god-like or earthy, appealing or exasperating, pathetic or stimulating, cowering or courageous, ugly or beautiful, human flotsam or the powerful of the earth, who may be rich or poor, brilliant or stupid—the patient who in all his infinite variety is the most demanding and the most stimulating of all living creatures—the patient is the focus, the common purpose of the programs of the American Medical Association, the American College of Surgeons and the American Nurses' Association.

The diagrams shown elswhere in this issue are based on the data compiled by the American Medical Association, published in the recent Hospital number of its *Journal*, and on that of the 1926 Report of the American College of Surgeons. The implication that patients would be better served by a closer integration of programs seems hardly debatable since nursing is rooted in scientific medicine. It is a difficult task indeed to inculcate high ethical standards in the minds of student nurses if those about them have questionable ethical standards.

Hospitals have striven to meet the standards of the American College of Surgeons. The American Hospital Association has put the tremendous weight of its influence back of the movement. Why? Because even the most well-meaning folk find it helpful to have a clear cut objective—a definite plan of procedure. Can schools of nursing ignore such standards and expect to produce nurses of high type? It would not seem possible, for where is the school that is not influenced by such factors

as a willingness to face facts, and that, in its simplest terms, is the basis for the requirement of staff conferences held by ethical practitioners. The other standards set by the College (these were discussed in the *Journal* for February) have an equally important bearing on the setting of the school of nursing. Nurses have played a very important part in standardizing hospitals from the beginning. A strong pull together of these three organizations and of the American Hospital Association should help to elevate the standards of yet other institutions and to improve the quality of the teaching and the experience of students in their schools of nursing.

Mary M. Dueker, R.N.

ANOTHER school of nursing is seeking a real endowment and in so doing the name of Mary M. Dueker, Deaconess, will be more widely known in death than in life and a valiant spirit will be perpetuated.

For twenty-seven years Miss Dueker gave devoted service, in many capacities, to the Nebraska Methodist Hospital of Omaha. Notwithstanding the fact that she received only the meagre Deaconess allowance during all that time, she accumulated an estate of $7,000.00 which she bequeathed to her sister,—not a nurse, but a trusted employee of the hospital. This sister, believing the bequest to be truly a trust, has willed both it and her own estate to the hospital with the proviso:

> It shall be the initial gift toward establishing a fund which shall be known as "The Mary M. Dueker Chair of Teaching in the School of Nursing of the Nebraska Methodist Episcopal Hospital and Deaconess Home."

Lydia A. M. Dueker has not "tied strings" to the bequest but has suggested that an effort be made to increase the fund to at least $40,000 and that "the instructress elected to the Chair be a woman of a high type of Christian character, well prepared for the particular work of teaching and training student nurses and possessing the ability to encourage, inspire and help them to make the most out of their lives."

The completion of the Fund is going actively forward. One Alumna wrote:

> Am sending my check for $100 and wish that it could be $1,000. Our Mary Dueker's rugged discipline has been good for us who had three years of her teaching and discipline. We did not appreciate her until we found that life itself requires just such discipline.

Back to the Patient

DIRECTORS of nursing education are not the only ones who are talking about the need of getting back to the patient. Delegates from the American Nurses' Association attending the Conference on Public Health in the offices of the American Medical Association at Chicago, in March, found the deepest note struck during the convention the conviction expressed that specialization and research are not the end and aims of medicine but rather that relief of suffering and the prevention of illness are the primary goal. Representatives from more than thirty national health organizations were present.

Dr. Wendell Phillips, president of the American Medical Association, described the family physician as, not only the foundation of the medical profession, but the representative of the medical profession who never forgets, in his interest in the disease, all those subtle reactions to trivial circumstances, those whims of personality and those environmental factors that are an integral part of the life of the patient. It is because he has known the patient as a human being through many years that he is able to see and interpret reactions which the specialist often overlooks, Dr. Phillips and others pointed out.

In no way were the statements made a reaction against specialization. It is

realized that specialization is necessary in an advanced stage of any science, but the emphasis was placed on the value of therapeutics which, it was said, in the enthusiasm for diagnosis is sometimes underestimated. And the therapeutics is not impersonal for scientific reasons as well, for the human element in the patient transcends the mechanism and its disorder and the cure is more than a solution of a problem of physics or chemistry.

The nurse who is often as closely associated with the patient as is the family doctor, sometimes has an even better opportunity than he to ascertain some of the elements of the mental and moral life and temperament of the sick man, and her contribution may be in keeping with her knowledge for, as an hourly nurse put it, "What you are able to give the patient in addition to the actual treatment and care counts the most in his recovery." The nurse adds this intangible service to the broad service of the doctor. Both are essential to the welfare of the patient.

For disease prevention and health promotion, the value of publicity was emphasized also. No one has a better opportunity than the nurse to give general health instruction, though her work is sharply distinguished from the work of the physician.

The need was also urged of a better understanding between all groups engaged in health work, of better preparation for the workers, and a greater support and interest from the general public.

As long as these things are the major concerns of doctors and other health workers, no one need fear the impersonality of medicine and science. No matter how large the program, the individual patient will remain the central figure.

Evelyn Wood, director of the Central Council of Nursing Education, Chicago, and Ada Belle McCleery, superintendent of Evanston Hospital, Evanston, Ill., were the representatives from the American Nurses' Association at the session. They submitted an excellent report.

The League Meeting

"I AM not a member of the League, may I attend the Convention?" Such questions are pouring into National Nursing Headquarters regarding the convention to be held in San Francisco, June 6-10, which any person interested in nursing may attend.

Well may they ask. San Francisco is aptly called "Fascinating San Francisco," city of beauty, of charm, of many racial flavors. It is worth a journey to the Pacific Coast just to glimpse the breath-taking beauty of the Bay at sunset, but that is only one of the thrills in store for those who will study the itineraries suggested in the April Journal.

The program, published in this issue, is one to attract many minds, for the topics selected have to do with some of our most fundamental problems. There are, therefore, three good reasons why members and non-members of the League should plan for the professional and physical refreshment of attendance: opportunity for viewing some of the most magnificent scenery in the world; participation in one of the League's friendly, thoughtful, constructive meetings; and by no means last, the privilege of savoring that Western hospitality which is beyond compare—a thing to be cherished in the heart long afterward.

Who's Who in the Nursing World

LXX. MAY KENNEDY, R.N.

Miss Kennedy is the director of the Illinois School of Psychiatric Nursing, which gives affiliated and postgraduate courses. When the story of the development of psychiatric nursing is written, her name will be given as one of a doughty little band of pioneers who strove mightily against the forces of inertia. Possessed of a true intellectual hunger, she has year by year added to the educational preparation received in public schools of New Holland, Ohio, Mt. Notre Dame Academy, Cincinnati, and St. Joseph's Hospital School of Nursing, Chicago,—by special courses at Ohio State University, the University of Chicago, and the School of Civics and Philanthropy, Chicago. She secured her B.S. at Columbia University, New York.

Miss Kennedy is an active and tireless worker. She has held positions in the American Legion and many in the nursing organizations. She was Chairman of the Mental Hygiene Section of the A. N. A. for four years. At present she is Chairman of the University of Chicago Fund of the Illinois State Association and, for the fifth year, Secretary of that Association. She has conducted highly successful institutes for the Illinois League of Nursing Education and for the Virginia State Association. Miss Kennedy capped her years of service as Chief Nurse in two of the State Hospitals of Illinois and similar service under our Expeditionary Forces in France by establishing the Illinois School of Psychiatric Nursing of the Public Welfare Department of Illinois. This school is unique in its organization, for although it makes an important contribution to the nursing service of the hospital, its main function is that of teaching psychiatric nursing. It wields a growing influence in this increasingly important field.

Ethical Problems

The Editor and the Committee on Ethical Standards will be glad to consider other solutions than those offered each month to the ethical problems submitted for discussion. They will welcome additional problems.

Problem VI

AT a recent state annual meeting, a group of nurses objected to the program arranged by the Committee on Program for the reason that an osteopathic doctor was on for a paper on obstetrics and called a special meeting of the District Association and demanded that this doctor be excluded from appearing on the program. Has a District Association a right to dictate to the State Association in any matter?

Answer.—A District Association is a member of a State Association and therefore should have the right to voice its opinions to the State Association in any matter. The question then resolves itself into a method of procedure.

The officers of the State Association accepted the responsibility of the program when they accepted the report of the Committee on Program and authorized it to proceed. The Committee, having made the "contract," should not be publicly embarrassed by having to ask that the "contract" be annulled and by the explanation to the speaker. The District Association should expect to abide by the decision of its State officers. If it cannot peaceably do that, then other officers should be selected at the next opportunity.

The value of a mistake is never to let it happen a second time. Therefore, in the process of the business of the State Association, the District Association would have a right to express an opinion of disapproval to the State Association.

Problem VII

IF the physician is discharged from a case when the patient is seriously ill and the relatives desire the nurse to remain on the case, fearing to make the change on account of the patient's condition, is it unethical for the nurse to remain?

Answer.—There might be some contributing circumstances which might make it both unethical and undesirable for the nurse to remain. Taking this question on its face value, it would not be unethical for the nurse to remain on the case. The patient's welfare should be the first consideration and if she should leave the patient without necessary care, she might then be committing a rather more serious breach of nursing ethics.

Problem VIII

WHAT may a hospital expect of a special duty nurse whose patient dies at 6:30, when the special is due to go off duty at seven o'clock?

Answer.—The situation is quite unlike the loss of a patient in the home because the grieving family usually departs immediately and, therefore, requires no attention from the special, and also because the hospital has all the facilities for completing the care of the patient and of the room. The nurse had had twelve hours of continuous and arduous service. If she cares for the body and in addition is required to clean all the appliances which may have been used, which may include such things as a transfusion set, and also put the room in order, it means that she may have another one or two hours of hard work,—work for which she will not be paid.

Is there really reason for a feeling of resentment on the nurse's part, if the hospital requires her to complete her service? The resentment is probably engendered by the fact that there are nurses on duty who, as a part of their regular duty, might be detailed to "help her out." A thoughtful supervisor is alert to such situations and should be depended upon to deal justly with them. The special should be made to feel that the supervisor is interested in her. The attitude of the nurse who is resentful about the situation, however, betrays lack of true professional feeling. How *could* a good nurse willingly leave a task unfinished? Finished work is the very stuff of which the art of nursing is made. The nurse who thinks in terms of time, instead of in units of completed service, is bound to be an unhappy person and incapable of realizing that the wheel of fortune might never turn in just that way for her again. Would she not accept, without question, the hours of free time that might come if a case were terminated early in the day? It seems to us that she should as unhesitatingly accept the ill fortune that the hazards of professional practice bring. The two problems involved are: (1) the attitude of the special to the supervisor and (2) the failure of a nurse to think in terms of units in our professional structure. The first requires consideration on the part of both groups. The second seems to imply a lack of sportsmanship that is as unprofessional as it is unusual.

Training the Obstetrical Nurse[1]

BY CARRIE M. HALL, R. N.

FOR at least twenty-five years, obstetrical nursing has been recognized by leaders in nursing in America as one of the four basic subjects in the preparation of the nurse. For at least twenty years, it has been a required subject for examintaion for state registration in those states which have nurse-practice acts. At present, every state has such a law, and in many states a minimum standard of instruction and practice has been defined by the state board charged with the administration of the law. New York State requires a minimum of sixteen hours of instruction in obstetrics (eight hours by a physician and eight hours by a nurse instructor) with three months' segregated service—the latter to include the observation of at least twelve cases during labor and delivery, each student actively assisting in not less than ten cases. The service must also include four weeks of postpartum care of mothers, and a minimum of two weeks in a nursery with an average of at least eight babies. Attendance at prenatal clinics is recommended, such experience to be adequately supervised. With a few exceptions, the minimum standards in other states correspond to those of New York.

Nursing in obstetrics, like any special branch of nursing, should rest upon a sound background of knowledge of general nursing. It is perfectly apparent that obstetrical nursing cannot be set apart as an isolated unit in nursing to be taught as such. The pregnant woman, the mother during the puerperium, and the newborn babe are subject to all the ills that other humans are heir to; therefore the nurse who cares for them should be skilled not merely in obstetrical care but in general nursing, and should be thoroughly conversant with surgical and medical technic, which is the foundation of technic in obstetrics.

In obstetrical nursing, as in all fields of nursing, the student nurse is taught to be an intelligent assistant to the physician, at the time of operation, or delivery, or dressing, or examination, to prepare for his every need and to anticipate his wants, to carry out his orders accurately and intelligently, to understand signs and symptoms and results of treatments sufficiently to report on them with understanding. In addition, every student nurse is taught a volume of nursing care and procedure with which the physician never concerns himself and for which he never writes orders, such as bed-making, bathing, care of body, hair, mouth, hands, and feet, and changing positions. These and many other details may be considered purely nursing procedures.

It follows that it is difficult to draw the line of demarkation between the physician's responsibilities and the

[1]Paper presented at the fourth annual conference of State Directors in charge of the local administration of the Maternity and Infancy Act, January, 1927.

The Conference program was planned to give special consideration to the nursing problems in a maternal and infant hygiene program, and a number of nurses were invited to present their views on these problems. It is unnecessary to point out that the Children's Bureau did not undertake to dictate what should be said nor does the fact that a particular point of view was presented indicate that the Children's Bureau approves or sponsors it.

nurse's duties. Until an analysis of pure nursing is made and the functions of the nurse as a bedside assistant and a teacher of health are established, it is impossible to determine definitely what should be the content of a general course in nursing. It is scarcely within the scope of this paper to lay down the content of a course in one branch of nursing.

There is a committee on the grading of nursing schools made up of nurses representing nursing organizations, of doctors representing medical organizations, of a lay woman, and of educators. The preliminary studies of this committee have been set forth in a pamphlet called "Plans and Budget for a Five-Year Program," from which I quote:

> Grading implies the ultimate adoption of certain minimum standards which must be met if the school is to harvest crops of graduates properly prepared for nursing. It is impossible to decide what these minimum standards are until we know what qualities the graduates should have; and we cannot know that, until we know what they will be called upon to do. So we come to the decision that grading must be founded upon and accompanied by a careful inquiry into the underlying facts of nursing employment.

The committee, consequently, has adopted as one of its projects, a job analysis of nursing and nurse teaching. On completion of this analysis, the task of determining the content of a course in nursing or any of its branches should be simplified.

For the purposes of this conference, the subject of training the obstetrical nurse naturally divides itself into three aspects: First, the prenatal period; second, the period of delivery and the puerperium; and third, the field of midwifery, as shown by the insistent demands for the services of the nurse in this field. I find no authority for the use of these two terms—obstetrics and midwifery—other than as synonymous; but by custom, at least, the use of the term midwifery includes delivery of the normal case, while obstetrics as applied to nursing, in this country certainly, is interpreted not to include delivery by the nurse.

Let us deal with the second aspect first—the period of delivery and the puerperium. It is safe to say that many nursing schools exceed the amount of teaching in obstetrics laid down as a minimum standard by state boards of registration of nurses. The following schedule is not uncommon:

> Lectures by physician, 12 hours (exclusive of examination); classes with nurse instructor, 12 hours (exclusive of examination); lectures by social worker, 2 hours; bedside clinics by resident staff, 2-4 hours; demonstrations by nurse supervisors in wards, nurseries, delivery rooms, etc., 16 hours; total, about 50 hours.

This teaching includes: Anatomy and physiology of the reproductive system, accessory organs, associate organs, functions of each; pregnancy and prenatal care, complications and accidents of pregnancy; preparation for labor; stages of labor; mechanism of delivery; complications of labor and obstetrical operations; involution and care during puerperium; complications of the puerperium; the normal and the premature child. Each lecture is followed by class teaching by the nurse instructor who stresses the nurse's duties and responsibilities and nursing procedures.

It must be understood that the student nurse brings to this new course a reasonable foundation in anatomy and physiology, ward experience covering at least a year in medical and surgical nursing, and a good understanding of technic in medical and surgical asepsis. It is safe to say that theory and practice are generally better correlated in obstetrics than in any other branch of nursing. Student nurses are able to assimilate the material taught and make uniformly high averages in examinations in this subject.

Practice for student nurses in obstetrical nursing is fairly easy to secure.

With the increasing tendency of expectant mothers to go to hospitals for confinement, the hospitals become rich in teaching material. This is especially true in the smaller cities and towns, where the 50 to 100 bed hospitals usually have a preponderance of surgical and obstetrical work and a paucity of medical and pediatric work. This makes for a badly balanced experience for the nurse, and affiliations have to be arranged for the latter services. But the obstetrical service is never allowed to suffer, and the student nurse has a rich opportunity in that field. The teaching may not be expert, lecture courses may be given by the general practitioner rather than the obstetrician, but the requirements are met both in teaching and in experience. Contrasted to this situation is the condition in the general hospital in the larger city which is frequently without a maternity service. In this case affiliation must be arranged, if possible, with the nearest lying-in hospital. These institutions are becoming more tolerant of the idea of receiving the general-hospital nurse for a short term. A period of three months is generally accepted for this service. The teaching program and service schedule have been adjusted to meet the situation from the point of view of the basic preparation of the nurse. It is in these hospitals that the clinical material is the richest. Here also can be secured a higher grade of teaching.

But even these special hospitals are administered on the principle that the work of the hospital is the responsibility of the student nursing body, so that even in a course limited to three months, some of the time and strength of each student are sacrificed to the exigencies of the hospital, rather than given solely to an intensive course in obstetrical nursing.

Perhaps the whole question reverts to what should be the content of education for the nurse. Obviously, her education should prepare her to meet the needs of those whom she will serve, both rich and poor; in nursing those who are sick; and in preventing disease.

I am one who believes that we have gone as far as we can go under the present system of nursing education. Many hospitals have been generous in provision for the nurse and her teaching. To show what I mean, I quote my own school and hospital which, for ten months of the year, has on an average, only fifty per cent of its enrolled students actually caring for the sick in the hospital. The other fifty per cent are having opportunity to round out basic training and to have experience in elective subjects, such as nursing in mental diseases, public health nursing, eye and ear work, and instruction in the preliminary course. This means that the hospital is interpreting generously its responsibilities for the education of these students. In spite of this generosity, both the curriculum and the experience of students are limited by what the individual hospital has to offer and are not directed by what should be the content of a course in nursing.

If the principle of placing service to the hospital before the preparation of the nurse is right for the home hospital, it is doubtless right for the affiliated one, and the three-month training in obstetrical nursing is all that can be allowed in the general course. I believe, however, that student nurses do receive reasonably satisfactory experience and teaching in that phase of obstetrics which deals with labor and the puerperium.

To secure adequate experience for the student nurse in prenatal care is a greater problem. In the smaller general hospital and in the private or semi-private hospital maintaining a training school where maternity cases are received, the hospital usually knows the patient only during the period of delivery and aftercare. The majority of

such patients are private patients and such prenatal instruction as is provided, is given by the physician in his office or in the home. The student nurse, therefore, seldom sees the case until the woman arrives at the hospital, usually in labor.

In the larger cities, nearly every lying-in hospital maintains a prenatal clinic where patients go in all stages of pregnancy for examination and for advice. It has been customary for many years to assign student nurses to assist in these examinations. My own recollection takes me back twenty-three years, when I spent every afternoon for a period of two weeks in assisting physicians to make prenatal examinations. I helped the patient to undress, draped the patient, took her temperature and pulse, secured a urine specimen, and recorded on an elaborate form the findings as told off by the interne. I never received any instruction as to what it was all about, and I have no recollection of having heard the physician give any advice to the patient, beyond telling her when she was to return for further examination. Conference with six students who have had obstetrical affiliations during the year 1926 reveals the fact that their experiences have duplicated mine of twenty-three years ago. This would seem to show that not only the general practitioner but the obstetrician, with every means at hand, is not concerning himself sufficiently with instruction in prenatal care to mothers, nor with the teaching of nurses to give that assistance. No doubt the obstetrician does reassure himself concerning the patient's condition by the examinations which he makes. In justice it should be said that the subject of prenatal care is stressed in the nurse's lecture courses by the physician, but unfortunately the teaching is not followed up for the nurse in the prenatal clinic.

If the physician does not teach this subject, who is to teach it? The nurse instructor has been successful in other fields,—is it she to whom we must turn?

It has been suggested that in a three-month affiliated course one month might be spent in prenatal work and the two remaining months in care of mothers and infants, and in the delivery rooms. This plan presents many obstacles from the point of view of administration. Even under the present plan, receiving students for three months means that approximately every six weeks half the entire student staff of that hospital is changed, and every six weeks the obstetrical hospitals are repeating their courses. That is about as often as they could be expected to make these shifts. With this rapid turnover of nurses, with the adjustment which must be made to give each student a fair amount of each kind of experience required, and to keep the various wards and departments of the hospital properly staffed for the protection of the patients, including care at night, I believe it would be quite out of the question to ask the obstetrical hospital to provide one month out of the three for prenatal care and teaching.

Nearly one month is required for the student to become oriented to her new surroundings. Her path through this course must be carefully charted by the supervisors on the very day of entrance. The work of the hospital must be covered, so all students cannot follow exactly the same path. One group will begin with mothers, another in the nursery, another in the clinic. Approximately every two weeks, nearly the entire staff will be reassigned to one of the five or six services as follows: Mothers' ward, days or nights, or both, 4-5 weeks; toxemia ward, days or nights, 2 weeks; nurseries, days or nights, 2 weeks; delivery rooms, days or nights, 2-3 weeks; clinics, 2 weeks.

In a three-month period there are thirteen weeks, sometimes with a day

less, sometimes more, but the period cannot be arbitrarily divided into six periods of two weeks each. So the terms will vary from two weeks to two and one-half weeks or, in the women's wards, sometimes from four to five weeks. Just these few days over the twelve weeks sometimes make the entire difference between success or failure in completing the program of an individual nurse, giving her the required number of deliveries or sufficient time in the nurseries, or allowing, perhaps, for a few days of illness.

This plan of affiliation may not be an ideal method; it may not be the method used in future years; it surely does not include enough of prenatal care to justify nurses in presuming to teach expectant mothers, nor does it prepare for the practice of midwifery. It does, I think, meet the common interpretation of obstetrical nursing, which is ability to assist the physician during delivery and ability to render nursing care to mother and child following delivery. I question whether it is possible to go very much further than that with the undergraduate students and with the existing form of organization of nursing schools.

If this is so, it means that preparation for teaching prenatal care by nurses must be secured after graduation. I am not sure that it properly belongs in a public health course in nursing, but surely some of the maternity centers and the maternity services in visiting-nurse associations offer excellent fields for this experience. Many of these organizations have evolved, out of their experience, outlines of material to be taught and have, in many instances, accepted responsibility for teaching this technic to nurses. It would seem that young graduate nurses working for small salaries in such organizations might, through visits with staff nurses and supervisors, plus conferences and teaching, secure practice in this field which would enable them to do prenatal work satisfactorily.

Conference with the six nurses who had had obstetrical affiliations in 1926, discloses that they obtained fair insight into the teaching of prenatal care during a four-month public health course and that the lecture work in the obstetrical hospital gave a good background.

The clinics provide teaching material in all stages of pregnancy, but the nurse who remains for a three-months service never sees one case through from the earliest period of pregnancy to the puerperium. It is only through visiting-nurse services in the field that such experience can be gained.

Many years have been required for the nursing profession to live down the stigma of the Betsy Prigs and the Sairey Gamps. It will be many years yet before large numbers of nurses, in my opinion, will be willing to become licensed midwives, for that term in this country has usually meant a person of degraded status.

There is no doubt of the need for large numbers of intelligent, educated women to practice as midwives in the rural districts and sparsely settled regions of the country, as well as in the thickly settled sections of cities with a large foreign-born population coming from countries where they are accustomed to the services of midwives. There is not the slightest doubt that many nurses are called upon in emergencies to deliver expectant mothers; one does not have to go to the rural districts for that to happen. In the small hospitals where obstetrical cases are received, and where there is no resident physician, it happens not infrequently that the doctor does not get to the case in time and that the patient is delivered before he arrives, usually by the head nurse or some graduate nurse in the hospital. District nurses are frequently obliged to meet emergencies in their work.

Probably those nurses whose interest and zeal have taken them into the remote sections of the country and into missionary fields in foreign countries, where they have witnessed great hardships and have been obliged to assist in ways beyond their knowledge and experience, who appreciate keenly the need nurses have for preparation to deliver normal cases and the right to do so, would be only too glad to avail themselves of some means of preparation, if it could be provided.

It is well known that in England practically every nurse secures her certificate from the Central Midwives' Board. She is not acceptable for institutional positions nor even for military service, unless she has it, certainly not for public health nursing. It is known, too, that the old-type midwives have practically disappeared in England, since legislation in 1902 made it necessary for nurses to become midwives. There they have regarded obstetrical nursing and midwifery as one subject and have treated it as a postgraduate course, rather than making obstetrical nursing a part of basic training.

In discussing preparation for this work English nurses always show surprise that American nurses who are not midwives understand, for example, signs and symptoms of hemorrhage, both antipartum and postpartum, that they understand the stages of pregnancy, the mechanism of labor, and the various presentations; in fact, they seem to have been taught much that the English nurses are taught, with the exception of actual delivery.

English nurses tell me that during preparation they have from 25 to 30 deliveries, under supervision, in hospitals or out in the districts, according to circumstances. I doubt the practicability of attempting to give undergraduate student nurses this experience, but it would seem as if some means might be provided in this country for securing advanced teaching in obstetrics for graduate nurses and an opportunity to be taught to deliver normal cases and to recognize abnormal cases.

At present such nurses as have qualified for midwives have gone to England to secure that preparation. I am told that the course in most of the schools there has been increased to nine months or a year. It would seem to me that in this country, with three months' foundation in obstetrical nursing in the basic course, a period of three to six months of intensive postgraduate work should be ample for the teaching and practice of midwifery.

The nursing profession is fully cognizant of the need of advanced preparation for at least some of its members in the field of obstetrics. For two years the National Organization for Public Health Nursing and the National League of Nursing Education have had a joint committee to study this problem. The round-table discussion conducted by that committee at the Atlantic City convention last spring was attended by several hundred nurses and testifies to their acute interest.

Some members of the nursing profession are vitally interested in securing preparation to practice midwifery and the right to do so, but the interest of hospitals and institutions dealing with the maternity problem has not been roused, nor the need for this kind of teaching realized, if the data secured by this committee are to be taken as evidence. The recognition by the physician of the graduate nurse as a coworker and a professional woman would do much to stimulate interest among nurses in this phase of work. Should an attempt be made to secure preparation for midwifery, too many of the medical profession doubtless would immediately suppose that nurses were attempting to practice medicine.

The fear on the part of medical-school authorities that some of this experience would be diverted from medical students to nurses should be groundless, for the visiting-nurse associations find many cases in their district services, of women who are delivered by foreign midwives. These patients refuse to be delivered by men, and since many of the visiting-nurse associations do not work with midwives, they cannot render nursing service. If the nurse, under nursing supervision, were to practice midwifery, many of these cases could be secured for such experience.

The teaching of this subject should obviously be done by members of the medical profession. The fact remains that nurses have had to take the initiative in outlining courses and in securing instructors for nurse teaching in other branches, and nurses will very likely have to take the initiative in securing this teaching. If the plan could be financed, it might be well to send a few carefully selected nurses to England to secure the preparation offered there for the practice of midwifery. Those nurses could then return to this country and be placed in half a dozen medical centers in different parts of the country where there are good medical schools, preferably located in large cities which offer plenty of experience in the field, where they might coöperate with the obstetricians on the medical-school faculty, supplement their teaching, and assist with supervision.

The committee knows of at least one nurse who is ambitious to secure this preparation in England and to return to this country to spread the gospel of preparation for nurses to act as midwives. At present the committee knows of no university or institution where her services might be utilized, should she be able to secure a fellowship and the preparation.

Up to a certain point, the teaching of nurses might be carried on simultaneously with the teaching of medical students, either through the clinics of medical schools or in some of the maternity hospitals. Actual experience in delivery should include some cases in the hospital and some cases in the field. In the hospitals, oversight of practice could be readily arranged. In the field, it would be more difficult to supervise, but the success of the plan would depend largely upon careful supervision. Nurses taking the course would be limited to the delivery of normal cases but they should be able to recognize abnormal ones.

They would need to meet certain requirements, such as satisfactory preliminary education, graduation from an accredited school, and registration in one or more states, and to satisfy the committee that their purposes were professional rather than commercial.

The consideration of the question in its entirety brings one back to the same question that is raised by every problem in nursing education at present,—the economic. There must be wider responsibility for securing endowments for the education of women as nurses. When the hospitals accepted that responsibility, fifty years ago, the preparation of nurses was limited by what the hospital had to offer. Today the hospitals cannot begin to supply either the materials or the funds needed for this work. Much publicity should stimulate separate endowments for nursing schools and for postgraduate courses.

If through the need for the protection of mothers and infants during the prenatal and neonatal periods, means, both educational and financial, can be secured to give to nurses this preparation for midwifery a new group of persons will have become interested in the project and the whole cause of nursing education advanced.

The Supervisor as a Member of the Faculty[1]

By Mildred Newton, R.N.

"To supervise means to teach," said Mary Marvin in her paper on Ward Teaching and Supervision at Atlantic City. The fact that teaching and supervision must be more closely linked together in the schools of today than they have been in the past, must have been impressed upon those who were fortunate enough to attend the National League of Nursing Education Convention, last year, and those who have had to depend upon the recently issued report for their impressions, have drawn the same conclusions. The time is approaching when a teaching supervisor will be considered as essential on the school of nursing staff as a practical instructor or operating-room supervisor. However, until that time comes, we who are supervising head nurses actually in charge of the wards, must fill this dual position to the best of our ability. It is impossible to discuss the relation of the supervisor to the various departments of the hospital and of the school of nursing without bearing this fact in mind. Even in the contacts with the non-nursing departments this feature predominates. Although nurses are being relieved more and more from housekeeping problems, yet the supervisor must teach her nurses to be constantly observant of the work of the maids and the floor boys, to report careless or unfinished work and necessary repairs, and to note the general appearance of the floor. The housekeeper cannot be on all the wards at once, and in this way the supervisor can help her check up on the work of her staff. A very valuable aid in knowing just who is responsible for the definite housekeeping duties, is a functional analysis of the work of the maids and floor boys, made out with the assistance of the housekeeper. This makes it very easy indeed to find out at once who was supposed to have filled the ice container at 3 p. m., or who omitted to clean the rug in the special nurses' sitting room.

One method of teaching economy is the supervisor's coöperation, in every way, with the pharmacy by emphasising conservation in the use of solutions and drugs. The student has probably been taught the cost of drugs in her materia medica class, but this, like so many other lessons, needs the application on the ward by the supervisor.

The X-Ray department and laboratory offer to the supervisor who has learned the value of short ward clinics, a wealth of material. On a medical floor, especially, hardly a day goes by without some interesting test or procedure being carried out in connection with one of these departments. A better understanding of them must result in better coöperation and greater accuracy in the final results of these tests. A fractional aspiration of the stomach should not mean to a nurse simply an annoying interruption to her other work, every thirty minutes for three hours; or a gall bladder X-ray, just a certain number of pills and treatments to be given at very definite intervals. Here again, the student has had the theory of this work in class, but without the supervisor's coöperation with the instructor, the significance of those lessons may be lost. We might say in passing that the one who obtains the most benefit, perhaps, from the explanation of these tests and procedures is the supervisor herself. It is a constant stimulus to her own research, reading, and investigation to have to discuss, or check up on the student's presentation of these facts.

[1]Read at a recent meeting of the Southern California League of Nursing Education.

Hospital food is a favorite topic of conversation for ex-patients, — either how much they enjoyed it, or how they had spinach puree every day on their special diet. In many hospitals the dietitian sees the patients daily and can straighten out any difficulties for them. However, the supervisor will find it valuable to make rounds herself, occasionally, when the patients have their trays. Although she may not be able to change the monotony of a rigid fare, yet some explanation from her as to the why and wherefore of bran agar muffins three times a day, or salt-free cereal every night, may make them a little easier to tolerate. Of course the dietitian has the main opportunity of teaching the students the value and need for special diets, yet the students on the ward where those diets are being served are not the ones who are preparing them. This gives the supervisor an excellent chance to use this material also for teaching topics, urging the student to watch the effect which the diet has on the patient's progress.

It is through coöperation with the public health worker that the supervisor can put more of the human element into the care of her patients. We usually see only one side of the patient's nature in the hospital, and that, at best, may give us a distorted and unfair view of him. Through information gained from the public health worker, the supervisor can bring to the students an entirely different aspect of his condition, especially as to the influence which his environment and occupation may have had on his illness and, what is very important, how they may affect his treatment and post-hospital care. A case of diptheria should mean more to the student than just a certain type of membrane in the throat,—it should make her wonder where he contracted it, what quarantine regulations apply to it, how it will affect his family financially, whether they have had Schick tests and immunizing treatment, where such treatment can be received, and should also make her realize the effort which the state is putting forth to eradicate this disease through preventive measures.

In the report, Nursing and Nursing Education, we find this statement:

> To provide the necessary conditions for teaching the theory and practice of nursing is a prime requisite of the training school.

All of the work done by the theoretical and practical instructors in teaching the students how to nurse has, as its final culmination, the work of the student on the ward. Is the influence of this careful and painstaking instruction to stop when the student leaves the classroom, or is it to be increased and amplified by the experiences met on the ward? This rests chiefly with the supervising head nurse on that ward. To further this most important part of the students' education the supervisor must be perfectly familiar with the nursing procedures as taught in the classroom, willing to disregard her favorite ways of doing them if they conflict with the methods in this school, and furthermore be ready to make changes in procedures as recommended from time to time. Also she must reserve time from the pressing duties of the administration of a busy ward, so that she can give the students actual supervision. This may mean more assistance, or better management on her part, but it is her responsibility toward both the instructor and the student. The procedure cards for each student will show the supervisor the experience which each student needs and she must bear this in mind in assigning the work of the ward. The easiest way would be to assign the procedure to the nurse who could do it the most quickly, or thoughtlessly to arrange the work irrespective of the needs of each student, but this would mean

that the head nurse would be failing in her duty as a teaching supervisor.

To discuss the coöperation of the supervisor with the theoretical instructor would lead us deep into the discussion of that interesting subject, ward teaching. Briefly, it is most valuable for the supervisor to attend the lectures on her special type of nursing in order that she may know just how these facts are presented to the students. Then she must be alert for every opportunity to show the students on the ward concrete examples of the conditions described in these lectures. She should be doing the field work, as you might say, for the instructor; bringing to her attention material for use in her various classes. Then, for organized study, she can make use of definite periods; a few minutes following morning report, or any other convenient time during the day, for brief clinics when she or some student presents to the group on the floor one of the topics from the wide range of subjects which nearly every ward affords.

Finally we come to the relation of the supervisor to her director of nursing and the other supervisors of the staff. The best aid to uniformity and standardization throughout the hospital is regular faculty meetings, where not only the little important details of management, but this vital problem of teaching may be discussed. The supervisors in such a group will be a stimulus to each other, giving to each the incentive to put forth her best efforts to make the work for the students on her ward the most worth while. Her reaction from such meetings and the conferences with the director of nursing should be one of transmission, carrying on to the students the ideas and ideals which will develop the tasks and lessons of training into a finer educational experience.

Syphilis Not Caused by Vaccination

SYPHILIS is a disease confined in nature to the human species alone, and as soon as the use of calf vaccine instead of human vaccine became universal, the *possibility of transferring syphilis by vaccination was entirely done away with.*

Since 1917, the United States Army has vaccinated approximately 4,700,000 members of its personnel; the United States Navy has vaccinated approximately 950,000 members of its personnel; and of these 5,650,000 persons, *not one* ever developed syphilis as a result of vaccination. In not one of them was there ever any suspicion of syphilis in connection with vaccination. During this same period the United States Public Health Service has also vaccinated 2,918,748 persons in carrying out its quarantine, immigration, and hospital work. While the Public Health Service has not always had the opportunity of following up these vaccinations, as is carefully done in the Army and Navy, no one has ever alleged that any particular individual vaccinated by the Public Health Service has contracted syphilis as a result of vaccination.

During the past ten years, more than 2,000,000 persons, including school children, have been vaccinated by state and local health authorities in coöperation with the United States Public Health Service, making a grand total of 10,568,748 vaccinations recorded by the Government medical services, and not one of the undersigned (the Surgeons General of the United States Army, the United States Navy, the United States Public Health Service) has ever received an allegation or a statement charging that any particular individual of this number has contracted syphilis as a result of vaccination. In fact, there has never been reported anywhere a case of syphilis attributable to vaccination following the use of bovine smallpox vaccine.

—Public Health Reports, March 4, 1927.

Department of Red Cross Nursing

CLARA D. NOYES, R.N., *Department Editor*
Director, Nursing Service, American Red Cross

DELEGATES TO SECOND ORIENTAL RED CROSS CONFERENCE, NOVEMBER, 1926, TOKYO, JAPAN

Standing: Hope Bell, British; Miss Wu, China; Alice Fitzgerald, America; Miss Todoriki, Japan. Seated: Miss Hagiwara, Japan; Miss Prom, Siam.

World-wide interest in nursing brought together at the Second Oriental Red Cross Conference representatives of nursing sent by Red Cross Societies from a wide territory. The Nursing Section of the program was comprehensive and fairly characteristic of the nursing program of a bienniel convention of the American Nurses' Association or any National Association of Nurses.

To Ex-service Nurses

AT the risk of "carrying coals to Newcastle" yet wishing to bring to the attention of ex-service nurses who may not be informed, their rights to certain government benefits, attention is called to the following points:

COMPENSATION—Have you filed a claim?

There is a chance of proving service connection for tuberculosis and some other conditions even though they did not show up for a long time after the World War.

Fifty dollars a month for life is paid to compensable claimants whose active tuberculosis has reached the completely arrested stage.

HOSPITAL OR MEDICAL CARE—Do you need treatment?

Veterans of any war (women included) may have free hospital treatment from the U. S. Veterans' Bureau. The disability need not be due to service.

If you are so disabled as to require constant nursing and you are receiving compensation, you may receive an additional $50 per month for an attendant.

INSURANCE—Have you allowed your insurance to lapse?

Reinstatement (if you are in good health)

usually costs very little. If you are not able-bodied and cannot pay back premiums, ask about the possibility of having these charged against your policy.

BONUS—Have you applied for your Adjusted Compensation ("Bonus")?

Every man or woman who served more than 60 days in the World War is eligible. January 1, 1928, is the last date you may apply.

Further information and assistance concerning any government claim may be secured through the nearest Red Cross Chapter. If you find yourself unable to visit a Chapter, check the questions in which you are interested and return, with full name, address and date, either to your nearest Chapter, or should you not know the address of the Chapter, directly to the Nursing Service at National Headquarters, American Red Cross, Washington, D. C. It will then be referred to the proper office.

The Use of the Red Cross Badge

BECAUSE of the frequent questions reaching National Headquarters concerning the use of the badge, we venture to repeat the regulations:

Each nurse receiving a badge should make every effort to protect it against misuse and loss. In order to do this we call your attention to the regulations governing its use as approved by the National Committee on Red Cross Nursing Service April 23, 1921.

FIRST: It may be worn by an enrolled Red Cross Nurse, only then as a badge and not as a pin.

SECOND: When in Red Cross uniform it may be worn:

(a) With the indoor uniform to fasten the collar in front.

(b) With the outdoor uniform it may also be used to fasten the collar of the waist.

(c) It may be worn two inches below and three inches to the left of the lower left hand point of the collar.

THIRD: It may be worn at a Red Cross function with civilian clothes or with evening dress. When worn in this way, it must not be used as a pin, but should be worn on the left of the waist, in relatively the same position as described in (c) above.

In ARC 703 further information is given regarding the badge, the substance of which is as follows:

It remains at all times the property of the American Red Cross, and is to be returned by the nurse upon resignation or annullment of appointment. In the event of death the badge should be returned. As it is protected by an Act of Congress it must not be worn by any other than the person to whom it is issued. Duplicate badges to replace those lost or destroyed will be issued by National Headquarters upon a written statement of the nurse and upon the payment of one dollar.

While the regulation states definitely how the badge may be worn, it naturally does not deal with the negative side of the question—as to how it may not be worn. It should be regarded as a sacred loan, and while Red Cross nurses are encouraged to carry their badge with them in a safe place, especially when travelling, as a means of identification, it is upon occasions such as those stated in the regulations that one should wear it. The National Committee does, however, approve of its being worn at nurses' meetings, i.e., alumnae, district, state, national and international. Worn on uniforms other than those of the Red Cross it may, in certain instances, inspire a young nurse to enroll. However, as we have little information as to its success in this direction, this question becomes more or less academic. On the other hand, worn in this manner it gives the impression that the nurse has in some way received her training under the auspices of the Red Cross, for there is much ignorance in this connection, or that she has been assigned or is employed by the American Red Cross. About 1,000 nurse instructors in Home Hygiene and Care of the Sick, and approximately 800 public health nurses are actually engaged in American Red Cross work and are privileged to wear the badge, consequently confusion is likely to occur when it is worn by Red Cross nurses in service with other

organizations. Our personal experience would appear to demonstrate that the restrictive use of the badge has not exerted any particular influence against increasing the enrollment. On the contrary, nurses seem to value the badge more when taught to safeguard it. While the badge is an important evidence of enrollment, the appointment card is fully as essential, perhaps more so, as it actually carries the statement that the nurse has met the requirements and has been formally accepted as a member of the service.

An Incident in Disaster Nursing

A GREAT deal is being said of the disasters in the United States and the part that the American Red Cross plays therein, but we hear very little of the details of disasters in foreign countries or our insular possessions. The following incident from the report of Erna M. Kuhn, Director of Nursing, Philippines Chapter, American Red Cross, gives an illustration so dramatic and spectacular in its character that nurses who have taken part in the disaster work in this country will read it with sympathetic interest.

Batangas Disaster: Though a strong wind was blowing in Manila on the night of November 5, little did we realize that provinces less than 150 kilometers away were being destroyed by a typhoon and tidal wave. Since all means of communication were destroyed, we heard nothing of the disaster until the Sunday newspapers gave an unofficial report.

H. S. House, Acting Manager, immediately sent Dr. Abad and two of the Red Cross nurses with a car full of supplies to Batangas. Directly after they left, he got in touch with army officers and arranged to have army planes investigate the best method of aiding the sufferers. A Red Cross flag, bearing the message, "Nurses coming to your aid—what do you want?" was carried by Captain Howard of the U. S. Air Service when he flew to the province. This message was dropped, with instructions for passing a message from the ground to the plane, as there are no practicable landing fields. Two tall poles of freshly cut bamboo were erected, with the replies swung on a string across them. This was impracticable, for the airplane hook was attached to a 25-foot cable. Further instructions were dropped and the Batangas citizens, working at top speed, tied the message in a hoop, made of bamboo, swung between the poles. The hook of the airplane caught the message and lifted it to the plane. It was signed by the Provincial Governor, Jose Castillo, and stated that 70 were dead, 100 missing; 500 sacks of rice, and clothing needed immediately, also money to rebuild. The plane brought this message back to Manila and even though it was Sunday—and difficult to purchase a large supply of rice,—salmon and clothing were secured and dispatched immediately to Batangas. Four additional nurses, well equipped with first aid supplies, left on the 4.28 train and arrived in Batangas at 9:15 p. m. ready for work.

The Visit of the American Legionnaires to France

IN the month of September, thousands of ex-service men and women will be congregated in Paris. In addition to the Convention which will be held at that time, there will be visits to cemeteries, etc. The American Red Cross may participate in the establishment of First Aid Stations in Paris and the ports of debarkation. Final plans in this connection have not yet been completed.

The National Director of the Nursing Service at the American Red Cross Headquarters in Washington will, however, be very glad to receive the names of any American nurses who speak French and who are now in France or who are expecting to be there this summer, independently of the Legion meeting, who might be available at that time for service with First Aid Stations, as interpreters, etc. No nurses, however, will be sent from this country by the American Red Cross for this purpose.

Jane Delano Birthday Anniversary Services

READERS of the *American Journal of Nursing* will recall the plan that was outlined in the June, 1926, number, to be utilized in connection with a study

of Red Cross nursing and enrollment for student nurses, as well as for graduate nurses. This plan suggested the utilization of the week terminating on the anniversary of Miss Delano's birthday, March 12, as a special occasion for arousing interest in the Red Cross Nursing Service. It included a study of the service, papers by student nurses, culminating in a general rally on March 12. It was also expected that senior classes might take the responsibility of filling out the enrollment papers, leaving them with the Superintendent for the Training School Credential, and for copies of their final physicals, to be held until the state board examinations and the registration had been accomplished. It was hoped that the Local Committees on Red Cross Nursing Service, in coöperation with the local Leagues of Nursing Education, district nursing associations and superintendents of schools, would be interested in developing the plan. We have been gratified to learn that the plan has been followed to some extent through the Middle West. From Milwaukee, comes an account of a meeting held in the auditorium of St. John's Cathedral, to which approximately nine hundred students and graduate nurses came, to honor the memory of Miss Delano. The Red Cross Chapter participated on this occasion, and the Chairman of the State Committee on Red Cross Nursing Service gave a report on the enrollment of nurses and the requirements of the service. Mrs. Elsbeth Vaughan, the Assistant Director of Nursing in the Midwestern Branch Office, was also present and gave a brief resumé of her personal experiences with the American Red Cross.

From Lincoln, Nebraska, comes a most interesting paper written by nurses from the Bryan Memorial Hospital, which was read at similar services held in that city. In a report of the occasion from Sarah Ann Cassell, Instructress of Nurses, she states that approximately four hundred student nurses and faculty members were present representing all the training schools in Lincoln. Let us look toward an extension of this movement throughout the country. We hope, therefore, that all our Committees will formulate plans for similar meetings on March 12, 1928, without delay.

Two Suggestions for the Private Duty Nurse

SOMETIMES a rubber ring becomes uncomfortable and unbearable. A hot water bag, half filled with cold water, and the air expelled, will provide a comfortable substitute. It will frequently relieve a severe backache, whether due to position, or to another cause.

Convalescent children may be amused by making a menagerie from raw prunes, raisins, cloves, toothpicks, and egg shells, with an occasional feather from the child's pillow.

Who Am I?

I AM the cheapest thing in the world.

With me, men have felt within them the power to move mountains, to fly the air as birds, to gain the wealth of Croesus.

I am the secret of happiness. Without me the years are but a menace, old age a tragedy.

I offer myself to you and you do not heed. I bide my time. Tomorrow you will come begging, but I shall turn aside. I cannot, I will not, be ignored.

I am the sunlight of the day, the star-dotted heaven of the night. I hold your fortune in the hollow of my hand.

I can make of you what I will. I am the Door of Opportunity—the Open Road to the Fairyland of Dreams.

I am the most important thing in the world—the one thing without which all else is impossible.

You ask me who I am and I shall tell you.

I am Good Health.

—Wisconsin State Board of Health Bulletin.

A Class Will

By Vera Godby
John Sealy Hospital School of Nursing, Galveston, Texas

WE, the Senior Class of 1926, of the University of Texas College of Nursing, in twenty-five individual parts, not united as one whole, being about to pass out of this sphere of education, and in full possession of crammed minds, well trained memories, and almost superhuman understanding, do make and publish abroad this, our last will and testament, hereby rendering void all former wills or testaments made by us at any time heretofore, or mayhap carelessly spoken one to another as the thoughtless wish of an idle hour.

And first we do direct, as the last injunction of the departing, that our passing shall be conducted by our friends and well-wishers, with all the pomp, dignity and gravity that our worth, our merit, and our position as Seniors of grave and reverend mien, must certainly have deserved. We know that our departure will be attended by secret delight on the part of the Intermediates, because they will thus ascend to our proud and worthy eminence as Seniors; and by our Superintendent, Supervisors, Instructors and other authorities, by sighs of gratitude at getting relief from an unruly, untameable and incorrigible class, thus preparing the way for a peaceful future, with complete surcease from all worry and every anxiety. But we do pray that our associates and supervisors, one and all, will remember to think compassionately of those who have passed from the historic scene, and that they will draw the veil of silence and of charity over our imperfections.

Now as to such estate as it has pleased the fates and our own strong hands and brains to win for us, we do dispose of it as follows:

ITEM 1—We do give to our honored Superintendent, Ethel D. Clay, our sincere respect, our deepest reverence, and our unbounded admiration for her ability to manage this great institution. And we do herewith return to Miss Clay the remains of the hospital, trusting that we have not damaged it materially or by reputation, beyond repair, reparation or restitution. . . . . .

ITEM 2—We give to our beloved Superintendent of Nurses, Grace G. Gray, our heartfelt affection, our most earnest gratitude, for all her care of us in our training days; our assurance that we know she has done the utmost in her power for us, both professionally and socially; and the whole unlimited range of our eternally fresh and green memories. In an attempt at partial payment for all that she has done for us throughout our long years at Sealy, we do make over to her, here and now, a heavy mortgage on our future in the Great Unknown Beyond. It shall be hers to watch every step of our upward and onward flitting, to note each trial, each attempt, each victory and each honor that we may achieve in the arena of the world; and to accept for herself as interest on our deathless debt, every ounce of the praise, every iota of the honor, knowing that it is all due to her faithful watch-care of us.

ITEM 3—To our noble faculty, we bequeath all the amazing knowledge and startling information that we have furnished them from time to time, in our various examinations and classes. . . . . .

ITEM 4—We leave behind us for our faithful supervisors, an uninterrupted succession of peaceful nights and days. No more shall they lie awake, losing precious hours of sleep, worrying over their patients whom they have left to our tender mercies. . . . . .

And now we come to those of our heirs who are dearest of all to our hearts

—our classmates, whom we leave behind, from whom parting costs the severest wrench. To our Preparatory Students, better known to us affectionately as Probationers, or merely Probes, we leave dazzling dreams of caps, with all which that symbol implies. We leave to them a rugged path to travel, yet strewn on each side with bright flowers of happiness and achievement, and shining stars of success and victory. It is the path we have travelled, and to our memories it is a path o'erlaid with satisfaction, in spite of all its rough places and its ups and downs. We leave to them the sands of time, upon which to make larger and deeper footprints than we have made. We leave three years of Future in which to carve noble figures for the decoration and embellishment of this School's historic annals. We leave to them a thousand wonderful opportunities to use in the development of themselves as nurses and as women. We leave an assorted bunch of patients, many of whom will sorely try them physically, mentally and spiritually; but who will nevertheless increase their patience, their perseverance and their resourcefulness; and many others will reward their efforts with deep gratitude, pleasant associations and happy memories; and all, of whatsoever character or disposition they may be, are yet human beings in suffering and in need of their most gentle ministrations. And we do further leave to our Probationers our pleasure that we have had them to work under us, and our unbounded confidence that they will surpass our highest hopes for them.

To our Juniors, we are sorry that we can leave only *two* years of toil and pleasure; but we do joyfully bestow upon them two full years of Future, with possibilities and opportunities exactly like those we have willed unto our Probes. And we do enjoin them, both Juniors and Probes, to profit by whatever of good they have found in us, by emulating it; and also to profit by our failings and shortcomings, by avoiding them.

Unto our Sister Class, now known as Intermediates, we bequeath our position, our dignity and our title as Senior Class of Texas University's College of Nursing. We leave them the high standards and noble traditions of this school, and pray that they may uphold them and preserve them in such way as to continue the high and holy reputation which many classes of their predecessors have sacrificed to maintain untarnished. We leave them eager expectations, delightful anticipations, and happy waiting days for their own graduation. . . .

Besides those large and conspicuous gifts, we do declare the subjoined list of smaller items to be the personal property of the Class of 1926, alone, and do direct that they be distributed as follows:

ITEM 1—The choicest seats in the Dining Room—to our beloved Intermediates—or to whoever is able to grab them first. . . . . .

(Eight other important items follow.)

And now we have no more to give away. We have stripped ourselves of honor and material riches for those whom we love, and we are ready to depart from you with nothing more than we can take away in our heads and upon our backs. In case any small item has been overlooked by us in the writing of this will, we direct that it be disposed of by our Superintendent of Nurses, as she may deem fit—only desiring that she give such articles to no one who has not shown true love and friendship for us, and who will therefore highly prize such mementoes of the Class of 1926. And we hereby appoint the said Superintendent of Nurses as sole Executrix of this, our last will.

Our Contributors

Mary M. Marvin, R.N., M.A., has written a paper which will fire the imagination and challenge the interest of nurses in good hospitals everywhere in testing out old and in trying new technics. Miss Marvin, as we have said before in these columns, is one of the most brilliant teachers yet produced by our profession and is this year conducting important studies in supervision at Bellevue Hospital. She desires publicly to acknowledge her indebtedness to Professor Isabel M. Stewart of Teachers College for assistance in preparing her article.

We suspect readers of Dr. **Lockwood's** article will rather envy the nurses of the Pasadena Hospital the privilege of working with him. **Margene Faddis, R.N.,** who wrote the complementary article on the care of surgical thyroids, is a teaching supervisor in that hospital.

Ramon G. Williams, M.D., is the State Health Commissioner of Virginia.

The Employees' Hospital of the Tennessee Coal, Iron and Railroad Company, at Fairfield, Alabama, has made good use of its splendid equipment in developing its school of nursing. **Jennie C. Quimby, R.N.,** who tells the story, is an instructor in the school. She is best known as collaborator with Miss Dock in the revision of the famous Materia Medica.

The Veterans' Bureau has generously given us permission to publish the article by **Mary A. Hickey, R.N.,** Superintendent of Nurses, simultaneously with its appearance in the *Medical Bulletin* of the Bureau.

The Yale School, in which **Margaret A. Tracy, R.N.,** is a supervisor, is committed to a program of research that more than measures up to all the ideals discussed by Miss Marvin in our leading article.

Ellen Schulin, R.N., Supervisor of Infant Wards, and **Margaret W. Stewart, R.N.,** Instructor in Nursing Practice, in the School of Nursing of the Children's Hospital of Michigan (Detroit) have furnished tangible proof of an interest in research in yet another admirable institution.

Elizabeth Robinson Scovil, one of the early graduates of the Massachusetts General and for years a faithful contributor to the *Journal*, was a personal acquaintance of Miss Nightingale with whom she had intensely interesting interviews during visits she made to London. Miss Scovil's interest in nursing does not flag with the years.

At this season of Commencements we are happy to publish the address given by **Dr. Clemtino Fraga** to the second class graduated from the D. Anna Nery School of Nursing, Rio de Janeiro, Brazil. We think our readers will agree that it is a notable effort, for Dr. Fraga who has never been out of Brazil, wrote in his own language—Portuguese. His skillful use of our literature of public health nursing is impressive.

Lavinia L. Dock's (R.N.) "Appreciation" is based on personal knowledge gained through the years when, as Secretary of the International Council of Nurses, she worked with Sister Agnes Karll in developing international programs.

The splendidly comprehensive paper by **Carrie M. Hall, R.N.,** President of the National League of Nursing Education, is published in full by special permission of the Children's Bureau.

Mildred E. Newton, B.S., R.N., who is obstetrical supervisor at the Pasadena Hospital, is a graduate of the Evanston Hospital School of Nursing which is affiliated with Northwestern University from which Miss Newton obtained her degree.

Impetigo

Routine Found Effective by Woman's Hospital of Philadelphia

AIR borne and contact infection—slight rash, dew drop vesicle, pustule.

Isolation.

Treatment. If baby is being oiled, avoid the lesions. If being bathed, avoid lesions and give 50 per cent alcohol bath. When pustule appears, snip off loose epidermis to drain, wash off with soap and water, rinse, apply 50 per cent alcohol. When dry apply Arkase.

After bath, baby may be dusted with corn starch as usual, avoiding lesions.

Questions

The editors will welcome questions and will endeavor to secure authoritative answers for them.

13. Can you tell me how to secure information on summer camps that employ graduate nurses?

Answer.—Write to Anna L. Tittman, 130 East 22nd Street, New York City, who is in charge of the Joint Vocational Service described on page 110 of the *American Journal of Nursing* for February, 1927.

14. Who has a right to wear a black band on the cap?

Answer.—The black band is commonly used to indicate seniority but of varying degrees and in various ways. For example, in some schools it is used to designate the Senior students. Graduates of such schools may wear a wider band or it may happen that the graduate's cap is quite unlike that worn by the undergraduate group and therefore distinctive enough without the band. Some schools use the black band to designate the graduate nurse only. In the Army, chief nurses, only, are permitted to use the black band. In the days before relative military rank had been secured, with the privilege of wearing appropriate insignia, this was the only means of distinguishing the chief nurse on a post. It would simplify matters if a national ruling on uniforms could be secured and maintained. There is so much of tradition and sentiment bound up in the use of uniforms that have grown precious through years of service that we believe, although it might be relatively easy to set up a general standard, it would be impossible to enforce it. The development of a uniform for a new school is one that demands consideration of many factors, including climate, utility, and local traditions.

15. Each of the wards in a large general hospital, approved by the College of Surgeons, has for the past few years been in charge of a graduate nurse. Now the board which controls the hospital and the health work of the city announces that student nurses are to be used to replace the graduate head nurses. Can this be done without affecting the rating of the hospital and the school of nursing, especially the latter?

Answer.—A good discussion of this problem may be found on page 31 of the Curriculum of Schools of Nursing recently revised and published by the National League of Nursing Education. This particular section may be secured as a reprint also.

Placing student nurses in charge of wards is obviously not good practice either from the standpoint of the care of the patient or of the purpose for which the young woman has entered the nursing school. The exception to be made to this statement is that a student may be given charge of a ward, not exceeding three months, as elective work, under close supervision, and in the third year of her training. Under any circumstances, the student is not prepared to carry the administrative and teaching responsibilities of a hospital ward, and this would apply especially in a large busy city institution with an active service. Moreover, the student enters the school to get a well rounded education in nursing which will equip her upon graduation to meet the demands and needs of the community, and if she spends a large part of her time as head nurse quite apparently it will be impossible to give her other phases of training which are properly a part of the program of a nursing course.

The state nurses' examining boards are the bodies concerned with recognition of accredited schools in any state and are ready always with helpful advice.

16. Now that so much is being said about the value of liver as a part of one's diet, I am wondering why calf's liver or beef liver is always specified. Is there any objection to sheep's liver, or pig's? They are less expensive than the others.

Answer.—In the diet for patients with pernicious anemia, beef or calf's liver is specified because it is the lowest in fat and an anemia case usually has trouble digesting fats. Both carbohydrates and fats are limited. In a general dietary liver may be taken. It might be interesting to know that mutton liver has three times as much fat as beef and twice the amount of carbohydrates. Pig's liver is also high in fat but not as high in carbohydrate as mutton. Chicken's liver is twice as high in fat but has no more carbohydrate than beef.

Bertha M. Wood.

The Open Forum

The editors are not responsible for opinions expressed in this department. Letters should not exceed 250 words and should be accompanied by the name and address of the writer.

The Private-Duty Question

I.

IN reply to "The Life of One Private Duty Nurse" in the March *Journal*, I wish to say that there must be some definite reason why this nurse has not worked more than she has. During the time that I have done private duty (nine months) I have had only six idle days, I have taken sixteen days' vacation, and I have worked 249 days. I have not kept a budget but I have not lived close. I have seen many shows, I have spent considerable for magazines and newspapers, and I have saved $489. Private duty here pays $6.50 for 12-hour and $8.50 for 20-hour duty. During this entire time I have had only six weeks of 20-hour duty; therefore I have spent more for food than did this other nurse. I have recently moved to a new town, having been here eighteen months. It may be I have just been lucky and that I may not do so well in the next nine months.

Texas B. P.

II.

Why is the older nurse, partially broken but still capable of giving much real service, forced into the undesirable position of receiving help in pensions and relief funds, when she desires to do these things for herself? Why make her a liability? Why not keep her as an asset, or have we evoluted so far that she is no longer needed? Is she not forced into the background even when we hear all about us of the inadequate number of nurses and see the lack of care of patients? Why should she, after years of conscientious, hard service, at a not adequate salary, be obliged now still to accept insufficient pay on services where she is actually caring for more patients than either a young or an old nurse can care for properly? It is true that even the younger, common, bedside, general-duty nurse is breaking under the strain, and still the surveys go on, with the slogan, Greater Efficiency! The younger nurse is entering every other field of nursing today to escape this drudgery, in self-protection, and the older woman is still forced to it, because she has not the money to help her escape it. My plea is for the general-duty nurse.

Illinois Discouraged.

III.

(A letter from a college professor to the Superintendent of a School of Nursing)

"During my recent sojourn at ——— every member of the staff with whom I came in contact showed me courtesy and consideration, which I desire to acknowledge. Numerous nurses did large and small services for me, all the way from taking my temperature to giving me a treatment lasting twenty minutes; invariably I found them courteous and attentive. However, there are four whose courtesy and efficiency were so outstanding that I should like to take the privilege of commending them by name to you and Miss S. No doubt many others would have done just as well had they the opportunity, but these four did give me more time, attention and treatment and so gave me a chance to evaluate them. They are Misses I. A., K. V., L. R. and B. N. In the week I spent under their care I came not only to have the highest respect for them professionally, but also a very high regard for them personally. Not once, by so much as the flicker of an eyelash, did any of them (or any of the others for that matter) do anything that was not refined and ladylike; while in their professional services, they were prompt, ready and able. Even if Mrs. B. and I had not already a high regard for F———. and its graduates, this recent experience would have given it to us."

New York M. S. B.

IV.

The mid-winter meeting of the State Nurses' Association of Massachusetts has come to a close. To me, it marked an epoch, because of the splendid way Janet Geister handled the rather delicate subject of the changing order of things with the professional nurse. Opinions and habits die hard and the change from so-called independence must sift in gradually, but the idea of giving nursing service in smaller packages, and for shorter periods, has a sound economic basis and must, of necessity, meet the public demand. Here in Boston the "Household Nursing" organization with headquarters in Newberry Street, is becoming well established through local patronage and it is only in the hospitals, and in homes where there is critical illness, that the trained nurse is employed. The public,

in general, is not educated to the point of recognizing the ability of the trained worker, the economic side of the question is paramount, even in industrial work, where the "first-aid" nurse (with an intensive three months' course) fills the bill. Therefore, as Miss Geister said, "Let us study the situation with an open mind." I have given my views to friends and have immediately surrounded myself with bristling hedgehogs. But due to this shortsighted attitude, we are rapidly losing ground as individual private duty nurses and the attendant of varying degrees of competence is filling our position. I am so glad that the questionnaire is coming. In the near future may we hope for an official A.N.A. registry headquarters in *every* city.

Massachusetts L. M. Q.

V.

"I read and re-read the *Journal* every month. It is a wonderful help to the practical nurse, for I feel as if a practical nurse really stands alone in the world. I took a practical nurses' course and graduated from that. I also study along with my work and try to keep up to date. I am busy all the time."

Michigan J. M. M.

Suggestions Needed

May I ask through the columns of the *Journal* if anyone has ever found, or knows of, some position that can be filled by the nurse who has lost her hearing? I have had a number of years of experience in private duty and institutional positions, but because of impaired hearing there seems to be no place for me. I get along well with an ear phone if talking to one person at a time.

California X. Y. Z.

(There must be many nurses handicapped in this way. What solution have they found? We have suggested care of hospital records and histories; there must be other lines of usefulness open to the hard of hearing. Ed.)

Journals Wanted

Shirley C. Titus, University Hospital, Ann Arbor, Mich., wishes the following numbers of the *Journal* to complete her files: 1900, all numbers; 1901, October through December; 1903, January through September, with the exception of April and May; Volume IV and Volume V, all numbers; Volume VI, April and October through December; Volume VIII, June through September.

Journals for Foreign Nurses

In the April *Journal*, page 306, a plea was made for copies of the *Journal*, to be sent on each month, for graduates of the International Course in Nursing who would greatly value the *Journal* but who cannot afford to subscribe. Only four of our readers have agreed to send on their magazine each month. Seven more copies are desired. Please communicate with the *Journal* at the business office, 19 West Main St., Rochester, N. Y.

Disease Communicated by Shaking Hands

ACCORDING to the weekly bulletin of the California State Board of Health for October 9, Dr. H. W. Hill and Helen Mathews, of the University of British Columbia, have made several tests to demonstrate that handshaking is a means of transmitting many kinds of germs and have reached the following conclusions:

"1. The transfer of organisms was as great, if not greater, when the given hand was dry than when both were moist.

"2. The greatest transfer was found to be to the palm of the hand; in fewer instances, to the fingers, and least of all to the finger tips."

In the discussion of their results they state that "handshaking seems even more important in the transference of disease than the use of the common towel; in the former there is direct contact between unwashed hands; in the latter indirect contact between washed hands; the number of people in a crowd who have their fingers in the mouth has been calculated to be about 10 per cent."

Granting the correctness of their results and deductions, the fact remains that people have the means of preventing spread of infection from handshaking literally "in their own hands" for there is absolutely no need for the fingers or other part of the hand to be put in the mouth or to the lips at any time.

Infection from ingestion of food touched by one's own hands can be prevented by washing our hands before eating but we are still at the mercy of those who prepare food for us and fail to wash their hands before doing so. Why is it that even people who know better daily violate this simple rule of personal hygiene?

—*Health News*, New York.

NEWS

[*Note.*—News items should be typed, if possible, double space, or written plainly. Great pains should be taken with proper names. A death notice should be checked in every detail, for accuracy, before being forwarded, and the sender's name should be attached. All news items should be sent to *The American Journal of Nursing*, 19 West Main St., Rochester, N. Y.]

The American Nurses' Association

Three hundred board members of public health organizations, some of them coming from as far west as Indiana, gathered at New Haven last month to discuss with nurses and doctors the problems and work that concern all three groups. The interest manifest and the keen participation of those attending made the meeting almost an epoch of its kind.

Janet M. Geister, director of the American Nurses' Association at Headquarters, speaking on the relationship between the doctor and the nurse said: "Fundamentally, there is no reason for friction between the doctor and the nurse. On the contrary, there is every reason why they should work in harmony. Neither is a competitor of the other. The nurse should not work without the doctor—the doctor's work is immeasurably strengthened by the nurse. A fundamental need for promoting harmony between doctor and nurse is the opportunity for better understanding of each other. In spite of the fact that they have always worked together in the operating room, at the bedside of the sick patient, and out in the district home, too often there is a mental isolation between them that allows for the development of disharmony. This mental isolation does not as a rule affect the immediate work with the patient, but it does affect their interest in and understanding of the professional aims of each other."

All indications point toward a meeting of the Advisory Council of the American Nurses' Association on June 4 in San Francisco, just before the convention of the National League of Nursing Education. All returns on the possible attendance are not in, but it is hoped that they will be large enough to warrant the session.

Among the questions of great importance that are coming up for discussion are the matter of a membership card to be given to nurse members of the American Nurses' Association on payment of dues, the question of transferring membership from one state nurses' association to another, the question of clearing dates for state conventions, so that too many do not concentrate in one month, making it impossible for national officers to distribute their attendance, and the matter of working out a statement of principles, methods and outstanding points on the organization of programs for state meetings.

The Nurses' Relief Fund

REPORT FOR MARCH, 1927

Balance on hand, Feb. 28, 1927	$ 25,159.08
Interest on investments	340.68
Interest on bank balances	100.18
	$ 25,599.94

Contributions

California: Dist. 1, $2; Dist. 4, $5; Dist. 5, $90; Dist. 6, $3; Dist. 12, $37; Dist. 17, $5; Dist. 21, $8	150.00
Colorado: St. Anthony's Hosp. Alum. Assn., $20; three individual members, $3; Nurses of Canon City, $5	28.00
Georgia: Dist. 1, St. Joseph's Alum. Assn., Atlanta, $26; Davis and Fischer Alum., $25	51.00
Illinois: Dist. 13, one member	5.00
Indiana: State Nurses' Assn.	1,183.00
Michigan: Saginaw Dist. Nurses' Assn., $10; Detroit Dist., Visiting Nurses' Assn., $13; Children's Hosp. Alum. Assn., $3; St. Joseph's Mercy Hosp. Alum. Assn., $25; The Farrand Training	

School Alum. Assn., $77; St. Mary's Alum. Assn., $100; Battle Creek Dist., Battle Creek San. and Hosp. Alum., $14; individual member, $1; Henry Ford Hosp. Alum. Assn., $24.50; Traverse City Dist., $35; Detroit Visiting Nurse Staff, $8; Grace Hosp. Alum. Assn., $344	654.50
Minnesota: St. Luke's Nurses' Alum. Assn., $25; Dist. 2, $5	30.00
New York: Dist. 2, Clifton Springs Nurses' Alum., $25; Dist. 4, Hospital of Good Shepherd Alum., Syracuse, $237; Dist. 7, Utica, Rome Hosp. Nurses' Alum., $37; St. Elizabeth's Hosp. Nurses' Alum., $25; Dist. 8, Saranac Lake, $10; Dist. 11, Middletown State Hosp. Alum., $20; Students of Kingston City Hosp. $10; Dist. 13, Mt. Vernon Hosp. Nurses' Alum., $25; St. Mary's Free Hosp. Nurses' Alum., $25; Sydenham Hosp. Nurses' Alum., $25; four individual members, $27; Mt. Sinai Hosp. Nurses' Alum., $50; Misericordia Hosp. Nurses' Alum., $25; St. Vincent's Hosp. Nurses' Alum., New York., $50; Dist. 14, individual member, $2	593.00
New Jersey: Dist. 4, Monmouth Memorial Hosp., Long Branch, $40; Dist. 5, Members of District, $7.50	47.50
Ohio: Dist. 1, $4; Dist. 3, $8; Dist. 4, $109; Dist. 6, $5; Dist. 8, $289; Dist. 9, $155; Dist. 10, $72; Dist. 14, $10; one individual, $10	662.00
Pennsylvania: Abington Memorial Hosp. Alum.	10.00
Rhode Island: State Nurses' Assn.	10.00
Texas: Dist. 2, $40; Dist. 6, $4; Dist. 12, $20; Dist. 15, $1	65.00
Reprints sold to state associations	18.44
Total receipts	$ 29,107.38

Disbursements

Paid to 147 applicants	$2,170.00	
Postage	25.00	
Salary	100.00	
Printing	77.60	
Rental of safe deposit box	12.00	
Total disbursements		2,384.60
Balance on hand March 31, 1927		$ 26,722.78

Farmers' Loan & Trust	$ 9,719.13	
National City Bank	15,980.16	
Bowery Savings Bank	1,023.49	
	$26,722.78	
Invested funds		$106,579.64
		$133,302.42

NOTE:—A contribution of $119 from the Kansas City General Hospital was credited to Kansas in the January report, instead of to Missouri.

All contributions to the Nurses' Relief Fund should be made payable to the Nurses' Relief Fund, and sent to the State Chairman. She, in turn, will mail the checks to the American Nurses' Association, 370 Seventh Avenue, New York, N. Y. If the address of the Chairman of the State Committee on the Relief Fund is not known, then mail the checks direct to the Headquarters office of the American Nurses' Association.

For application blanks for beneficiaries, leaflets, and other information, address the Director of the American Nurses' Association Headquarters.

The Northwestern Division

The biennial meeting of the NORTHWESTERN DIVISION of the American Nurses' Association will be held in Portland, Oregon, June 13-14. Rose Festival, June 13-18. Nurses attending League meeting in California invited to stop over.

The Isabel Hampton Robb Memorial Fund

REPORT TO APRIL 9, 1927

Previously acknowledged	$31,656.07

Contributions

Kansas: State Nurses' Assn.	25.00
Massachusetts: Noble Hosp. Nurses' Alum., Westfield	5.00
Pennsylvania: Presbyterian Hosp. Nurses' Alum., Philadelphia	75.00
	$31,761.07

MARY M. RIDDLE, *Treasurer.*

The McIsaac Loan Fund

REPORT TO APRIL 9, 1927

Balance, March 9, 1927	$886.42

Kansas: State Nurses' Assn.	50.00
Massachusetts: Noble Hosp. Nurses' Alum., Westfield	5.00
Oklahoma: State Nurses' Assn.	10.00
	$951.42

MARY M. RIDDLE, *Treasurer.*

Annual contributions to both funds are desired from alumnae, district and state associations. Checks should be made out separately and sent to the treasurer, Mary M. Riddle, care American Journal of Nursing, 19 West Main Street, Rochester, N. Y. It is hoped that the scholarship awards for 1927 may be announced in the June *Journal*.

The National League of Nursing Education

Thirty-third Annual Convention, San Francisco, California, June 6-10, 1927
Headquarters, The Clift Hotel

PROGRAM

Monday, June 6

8:00 p. m.—Formal Opening Session.

Invocation: Rt. Rev. Edward L. Parsons, Bishop of California.

Address of Welcome: D. Dean Urch, President, California League of Nursing Education.

Response and Address by the President, Carrie M. Hall.

Address: The Part Personnel Plays in an Educational Movement. William John Cooper, Director, Department of Education, State of California.

Mrs. Ernest J. Mott, member, Board of Education, City of San Francisco.

Tuesday, June 7

9:30 a. m.-12:30 p. m.—Opening Business Session.
2:30 p. m.-5:30 p. m.—Open Session conducted by the Advisory Council.

Wednesday, June 8

9:30 a. m.-11:00 a. m.—General Session.

Topic: The Program of the Committee on Grading of Nursing Schools, May Ayres Burgess, Ph.D., Director, Committee on Grading of Nursing Schools.

11:00 a. m.-12:30 p. m.—Adjourned Business Session.

2:30 p. m.-5:30 p. m.—Open Session conducted by the Committee on Education.

Topics: The Duties, Qualifications and Preparation of the Educational Staff of the Nursing School.

The Importance of these Factors in Relation to the Curriculum and the General Work of the School, D. Dean Urch.

Reports by Chairmen of Subcommittees on the work of: Superintendents of Nurses and Assistants, Effie J. Taylor, Professor of Nursing Education, Yale University School of Nursing, New Haven, Conn.; Instructors, Stella Goostray, Educational Director, Philadelphia General Hospital School of Nursing, Philadelphia, Pa.; Supervisors and Head Nurses, Mary M. Marvin, Director of Supervision and Clinical Nursing, Bellevue School of Nursing, New York, N. Y.; Supervisors of Out-Patient Departments and Clinic Nurses, Amelia Grant, Assistant Executive Officer of the Bellevue-Yorkville Health Demonstration, New York, N. Y.

Extra-curricular Activities in the Nursing School Program, Shirley C. Titus, Director of Nursing, University of Michigan Hospital School of Nursing, Ann Arbor, Michigan.

8:00 p. m.—General Session.

Topic: The Organization of Community Interest for Nursing Education.

Charles D. Lockwood, M.D., Attending Surgeon, Pasadena Hospital, Pasadena, California.

Mrs. William Palmer Lucas, San Francisco, California.

Thursday, June 9

9:30 a. m.-12:30 p. m.—Session Conducted by Instructors' Section.

9:30 a. m.-10:00 a. m.—Business Session.

10:00 a. m.-12:30 p. m.—Program.

Topics: Various Types of Examination Questions.

The Advantages and Limitations of the Traditional Types of Examination Questions, Mary B. Eyre, Professor of Hygiene, Claremont College, Pomona, Cal.

Presentation of Approved Methods of Formulating, Using and Scoring the Newer Types Examination Questions, Cordelia Cowan, Instructor in Nursing, Woman's Hospital, New York, N. Y.

An Analysis of Specific Types of Short-type Questions, Ethel Bacon, Instructor in Nursing, Bellevue School of Nursing, New York, N. Y.

How May We Secure Maximum Student Participation in the Learning Process? Sarah G. White, Bureau of Registration of Nurses, California.

2:30 p. m.-4:00 p. m.—Conference: Teaching of Ethics and Ethical Problems, Chairman, S. Lillian Clayton, Superintendent of Nurses, Philadelphia General Hospital, Philadelphia, Pa.

4:00 p. m.-5:30 p. m.—Conference: Obstetrical Nursing, Chairman, Mildred Newton, Obstetrical Supervisor, Pasadena Hospital, Pasadena, California.

8:00 p. m.—Dinner.

Friday, June 10

9:30 a. m.-11:00 a. m.—General Session.

Topic: First Returns from Supply and Demand Study of Committee on Grading of Schools of Nursing, May Ayres Burgess, Ph.D., Director, Committee on Grading of Nursing Schools.

11:00 a. m.-12:30 p. m.—Conference: The Educational Needs of the Small Hospital School of Nursing, Chairman, Mary C. Gladwin, Director of Nursing Education, Minnesota.

2:30 p. m.-5:30 p. m.—Closing Business Session.

RAILROADS AND HOTEL RATES

For announcements on itineraries, railroad fares, and hotel rates see April *American Journal of Nursing*. The Clift Hotel has been selected as Headquarters for the Convention. Write directly to the hotel for reservations.

The International Council of Nurses

TENTATIVE PROGRAM FOR THE INTERIM CONFERENCE, GENEVA, SWITZERLAND, JULY 27-30, 1927, SALLE CENTRALE, 10, PLACE DE LA MADELEINE

July 27, 2:00 p. m.-7:00 p. m., Registration; 2:30-7:00 p. m., Excursions and visits to social institutions; 8:30 p. m., Opening Session, Nina D. Gage, President, Chairman. Address of Welcome; Response, Miss Gage; Addresses by representatives of the League of Nations and the International Labor Office; The Part of Nursing in the Red Cross Movement, Gustave Ador, President International Red Cross Committee; Methods of Coöperation between the Red Cross and the Nursing Profession, Clara D. Noyes.

Thursday, July 28, 9:30 a. m.-12:00 noon.—General Session, Chairman, Ethel Gordon Fenwick, Founder of the Council; Brief report of meeting of the Board of Directors, Nina D. Gage, President; Roll call by countries; Subject for discussion: Advantages and Disadvantages of Standardizing Nursing Technic; 2:30-4:30 p. m., Demonstration of nursing procedures by schools of nursing of various countries; 4:30-7:00 p. m., Visits to different institutions; 8:30 p. m., Informal reception.

Friday, July 29, 9:30 a. m.-12:00 noon.—General Session, Chairman, Baroness Sophie Mannerheim, Honorary President of the Council. Subject for discussion, Ways and Means of Promoting the Powers of Observation and Scientific Reasoning in Our Student Nurses; 3:00-5:30 p. m., Three lectures on various phases of the work of the League of Nations to be given at the Headquarters of the League of Nations, by prominent members of the staff; 8:30 p. m., Methods of supervision and record keeping in schools of nursing; Methods of supervision and record keeping in public health organizations; Newer developments in private duty nursing; Principles and adaptations in pioneer nursing; Ways and means of promoting

professional efficiency and personal development of trained nurses working on the staffs of hospitals and public health organizations.

Saturday, July 30, 10:00 a. m.-12:00 noon., Lectures on the work of the International Labour Office and what it can do for nurses, to be given at the Headquarters of the International Labour Office; 2:30-6:00 p. m., Boat ride on the Lac Léman.

9:00 p. m.—Demonstration and exhibition of nurses' uniforms and equipment. Uniforms and equipment as now used in various countries by: Hospital and private duty nurses, public health nurses, Army, Navy and Red Cross nurses, as well as historical material and, if possible, uniforms proposed for future use.

The uniforms will be displayed either on living models or lay figures. It is hoped that institutions of various countries, even though none of their members are able to take part in the Conference, will be interested and send samples of uniforms worn.

Material for this demonstration should be addressed to: *The International Council of Nurses, 1 Place du Lac, Geneva, Switzerland,* and distinctly marked *"Congrès de Personnel Sanitaire,"* to ensure its entry into Switzerland duty free. All parcels should include *a list* giving full details of material sent, the name and address of the sender, as well as, if possible, a snapshot of a person wearing the uniform, in order to make sure that the uniform is worn correctly during the demonstration. All material will be returned immediately after the Conference without expense to the sender.

Outline of Suggested Simple Nursing Procedures

(For demonstration by schools of nursing of various countries)

1. Changing under sheet with patient in bed.
2. Changing or turning mattress with patient in bed.
3. Washing hair of a woman patient in bed.
4. Giving a hot foot bath in bed.
5. Getting a patient from bed up in a chair.
6. Giving a simple subcutaneous injection.
7. Giving medicine by inhalation.
8. Giving a hot fomentation or poultice.
9. Giving irrigations of ear.
10. Giving irrigations of conjunctival sac.
11. Giving irrigations of throat.
12. Taking temperature by mouth.
13. Applying support bandage to lower extremity.
14. Restraining a child for examination of (a) eye, (b) ear or (c) throat.
15. Daily bath and routine care of infant.

All material required will be provided at International Headquarters, as well as, so far as possible, persons acting as patients. Will the schools wishing to take part in the demonstration kindly notify the *Secretary, International Council of Nurses, 1 Place du Lac, Geneva,* as soon as possible, indicating:

(1) Three alternative procedures (from the above list or, if desired, other simple procedures not included in the list) numbered in order of preference.
(2) A list of all material necessary for the procedures mentioned.
(3) The time required for each procedure mentioned.

The languages used at the Conference will be English, French and German.

The registration fee for the conference will be 5 francs to be paid after arrival in Geneva. This will include admission to all meetings, as well as social functions.

The mailing address for participants in the Conference will be: The International Council of Nurses, 1 Place du Lac, Geneva.

Facilities Accorded by the Transportation Authorities to Participants in the Conference

Besides the usual reduction of 20 per cent or more which, as a rule, is accorded in every country, with slight differences as to details in arrangement, when a group, usually a minimum of 20, travel together, the authorities of the following countries have been kind enough to give special terms on this occasion for participants coming from and returning to the various countries, as well as those passing through these countries on their way to or from Geneva.

Belgium: 35 per cent reduction will be made on the tickets (single and return) of participants in the Conference and 25 per cent on the steamers Ostend-Dover.

Czechoslovakia: A reduction of 33 per cent to participants in the Conference.

France: A reduction of 50 per cent to participants in the Conference.

Poland: A reduction of 66 per cent to participants in the Conference. Full fares must be paid in the first place, but, on application being made to the International Council of Nurses, 1 Place du Lac, Geneva, upon return, a certificate will be provided and the reduction claimed returned to the applicant.

In order to facilitate the obtaining of the above, as well as of possible additional reductions in travelling expenses, it is recommended to all expecting to attend the Conference that they should communicate as soon as possible with the main office of their respective national nurses' associations. In cases where no such national association exists, they should write direct to Headquarters, International Council of Nurses, 1 Place du Lac, Geneva.

Accommodation in Geneva

A Local Committee is undertaking to secure accommodation in Geneva for those attending the Conference. There is some possibility that a limited number of invitations will be issued by various Genevese families offering hospitality, with or without board.

Arrangements have been made by the Committee for board and lodging (including service) at the following prices:

Double room occupied by two persons, from 8 francs per day per person.

Single room, from 9.35 francs per day.

A minimum of 1 franc per day will be deducted when luncheon is not taken.

As Geneva is a small city and as the number of tourists during the summer months is great, we cannot guarantee securing accommodation under 12 francs per day during the Conference unless application is made not later than June 1.

If our assistance in arranging for accommodation is desired kindly send the following particulars, as soon as possible, to The International Council of Nurses, 1 Place du Lac, Geneva, and the address of the accommodation secured will be forwarded to you:

1. Name, address and title.
2. Whether single or double room desired.
3. Maximum price per day for board and lodging which you would be prepared to pay.
4. Date of arrival.
5. Probable length of stay.

Members of the Local Committee will meet your train if time of arrival is stated.

Auto-car Excursions and Trips Arranged for Week Following the Conference

		Cost per person
Auto-car Excursions (meals not included):		
(A)	Afternoon excursion (about five hours) to St. Cergue in the Jura mountains (3,422 ft.) from where a splendid view is obtained	5 francs
(B)	Annecy, old town and lake in the Haute Savoie. Leave Geneva 10 a. m. and return 5:30 p. m	9 francs
(C)	Chamonix. Leave Geneva 8 a. m. and return 7 p. m	16 francs
(D)	Leysin (Dr. Rollier's Clinic for ostea-tuberculosis). Leave Geneva 8 a. m. via Lausanne, Montreux, Aigle, return via Evian, Thonon 7 p. m	18 francs
(E)	The Great St. Bernard. Leave Geneva 8 a. m. via Lausanne, Montreux, Martigny, return via the French side of the Lake of Geneva 7 p. m	23 francs

Trips: Estimates provide for third class on the railways (very good in Switzerland), first class on the steamers and accommodation at good hotels. Ten to twenty per cent reduction on the sums mentioned will be made in the event of a certain number taking part in the trips.

(A) *Itinerary for three days:*

1st day—Leave Geneva by steamer in the morning for Montreux. Afternoon train via the Bernese Oberland to Interlaken. Dinner and room.

2nd day—Breakfast, luncheon, dinner and room at Interlaken. Afternoon optional excursions to Trummelbach, Grindelwald, the Jungfrau, etc.

3rd day—Breakfast. Leave by early train for Berne. Optional excursions at Berne. Afternoon train for Geneva.

Cost per person 88.50 francs

(B) *Itinerary for four days:*

1st day—Geneva-Montreux-Interlaken as above. Dinner and room at Interlaken.

2nd day—Breakfast, luncheon, dinner and room at Interlaken.

3rd day—Breakfast. Early morning train for Lucerne and afternoon free in Lucerne. No luncheon provided. Dinner and room.

4th day—Breakfast. Early train to Berne. No luncheon provided and evening train from Berne to Geneva.

Cost per person 105.50 francs

(C) *Itinerary for six days:*

1st day—Steamer in the morning from Geneva to Montreux. Luncheon, dinner and room at Montreux. Afternoon optional visit to the Castle of Chillon.

2nd day—Breakfast, morning train via Martigny, Visp to Zermatt, arriving there in time for luncheon. Afternoon free in Zermatt: dinner and room.

3rd day—Breakfast and luncheon at Zermatt, early afternoon train via the Loetschberg Pass, Spiez to Interlaken: dinner and room.

4th day—Breakfast, luncheon, dinner and room at Interlaken: optional excursion as above.

5th day—Breakfast. Early morning train for Lucerne. Luncheon, dinner and room at Lucerne.

6th day—Breakfast. Leave Lucerne early in the morning for Berne. Luncheon at an hotel in Berne and leave by evening train for Geneva.

Cost per person.....185.50 francs

Army Nurse Corps

During the month of March, 1927, the following named members of the Army Nurse Corps were transferred to the stations indicated: To Army and Navy General Hospital, Hot Springs, Ark., 1st Lieut. Elizabeth Harding, 2nd. Lieuts. Margaret Dwyer, Alice A. Becklen; to station hospital, Fort Banks, Mass., 2nd Lieut. Edith M. Shoemaker; to station hospital, Fort Benning, Ga., 2nd Lieut. Elsie Robbins; to station hospital, Jefferson Barracks, Mo., 2nd Lieut. Virginia M. Woods; to station hospital, Fort Leavenworth, Kans., 2nd Lieut. Elizabeth M. Aldridge; to Letterman General Hospital, San Francisco, Calif., 2nd Lieut. Anna L. Alexander; to station hospital, Camp Meade, Md., 2nd Lieut. Mabel G. Gray; to station hospital, Fort Sam Houston, Texas, 2nd Lieut. Esther Craney; to station hospital, Fort Sill, Okla., 1st Lieut. Alice D. Agnew, 2nd Lieuts. Gertrude H. Lustig, Lila A. Condon, Elizabeth Zahniser; to Walter Reed General Hospital, Washington, D. C., 2nd Lieuts. Louise R. Irvin, Blanche Kingsley; to the Hawaiian Department, 2nd Lieut. Alice M. Kendrick.

Nine have been admitted to the Corps as 2nd Lieuts.

The following named, previously reported separated from the service, have been re-assigned as 2nd Lieuts.: Nola G. Forrest, Letterman General Hospital; Fern E. Nelson, station hospital, Fort Sam Houston, Tex.

The following are under orders for separation from the Corps: Joan B. Ray, Elsie Wolford, Ethel M. Opper, Ruth Hedemark, Mary L. Shellen, Bertha Terhaar, Anna E. McM. Olson, Flora M. Fisher, Hazel M. Whitemore, Ruth Porter, Margaret A. Pedersen.

JULIA C. STIMSON,
Major, Superintendent, Army Nurse Corps.

Navy Nurse Corps

During the month of March, ten nurses have been appointed and assigned to duty.

Transfers: To Boston, Mass., Miss Farmer's School of Cookery, Lillian R. Cornelius, Elizabeth Steiner, Karolina M. Sundling, Ada Chew, Lillian A. Johnson, Mary A. Kief, Mary L. Kelley; to Chelsea, Mass., Frances C. Bonner, Della V. Singleton, Anita M. High; to Mare Island, Calif., Caroline W. Spofford; to Newport, R. I., Ivy H. Keene; to New York, N. Y., Sarah Almond, Chief Nurse; to Norfolk, Va., Marilla Berry; to Quantico, Va., Marie Karlen; to Washington, D. C., Naval Medical School, Mary T. O'Connell; to Washington, D. C., Gertrude Schneider, Helen C. Gavin.

The following named nurses have been separated from the service: Ruth A. Stecker, Ruth E. Martin, Gladys M. Jackson, Agnes Distler, Jennie K. Davis.

J. BEATRICE BOWMAN,
Superintendent, Navy Nurse Corps.

U. S. Public Health Service

The following transfers, reinstatements and new assignments have been made in the U. S. Public Health Service during the month of March, 1927:

Transfers: To Baltimore, Md., Grace Craney; to Ellis Island, N. Y., Marguerite Reverdy, Bernadette Streeter, Lila Porter; to Louisville, Ky., Ida Marie Syse; to Mobile, Ala., Katherine Taulbee; to Rosebank, Staten Island, N. Y., Josephine Tuebner; to Cleveland, Ohio, Allie Magoon; to New Orleans, La., Hattie B. Morgan; to Norfolk, Va., Isla Bragg.

Reinstatements: None.

Assignment: One.

LUCY MINNIGERODE,
Superintendent of Nurses, U.S.P.H.S.

United States Veterans' Bureau

REPORT OF NURSING FOR MARCH, 1927

Assignments: Thirty-one.

Transfers: To Washington, D. C., Edna

Reindahl; to Aspinwall, Pa., Gertrude Smith, Avenise Severi; to Rutland Heights, Mass., Katherine O'Connor; to Fort Snelling, Minn., Bertha Branburg, Gina Grimsrud, Theresa Hammes, Rose Langenfeld, Mary O'Malley, Esther Sullivan, Clara Ruff, Mabel Grundemeyer, Olga Winthers, Marie Brophy, Anna B. Griffin; to Castle Point, N. Y., Evelina Gracia; to Outwood, Ky., Cynthia Cambios; to Lake City, Fla., Lois Jeffcoat. Regional Offices: To Newark, N. J., Elizabeth Gabler; to Des Moines, Iowa, Pearl Guynes.

MARY A. HICKEY,
Superintendent of Nurses, U.S.V.B.

Saint Barnabas Guild

Gladys Stephenson was recalled to China and sailed on April 2, thus cancelling a considerable portion of her tour in this country. She considered it an honor to receive orders to return at a time when many missionaries are required to leave that unhappy country. Nellie Oxley, Executive Secretary, is making an extended tour of some of the Western states. Her address will be Hodge Memorial Hospital, Hankow. She states that China is going ahead with preparations for the Congress.

Child Health Association

The annual meeting of the American Child Health Association will be held in Washington, D. C., May 9, 10 and 11, with headquarters at the Hotel Willard.

The American Hospital Association

The American Hospital Association will hold its 1927 Convention in Minneapolis, October 10-14. The city has furnished the Association with the new and beautiful Auditorium which is, perhaps, the best planned convention hall the Association has yet had.

Hospital Clinical Congress

THE HOSPITAL CLINICAL CONGRESS of North America will hold sessions in Milwaukee, June 20-24. Among the many departments is one on Nursing Education which will meet in Kilbourn Hall, Plankinton Hall, with a program outlined as follows:

Tuesday, Nursing standards, curricula and teaching facilities; *Wednesday*, *Thursday* and *Friday*, Planning, equipment, organization, management and procedure of the School of Nursing.

Institutes and Special Courses

Louisiana: New Orleans.—THE LOUISIANA LEAGUE OF NURSING EDUCATION conducted its second annual institute at the Hotel Dieu, April 5 and 6. The program follows:

April 5, Mrs. Annie L. Smith, President of the League, presiding. Address by Dr. J. D. Spelman; address, Coöperation, Annie L. Smith; Paper on the importance of full-time instructors, the preliminary course, and admission of classes at regular times, B. Whoolery. Afternoon, Miss J. R. McClellan, presiding. Round Table Conference: (a) Adoption of Revised Curriculum; (b) Putting on membership campaign; (c) Use of case reports; (d) Other Problems. Psychology of the Patient's Comfort, Dr. Walter Otis. Demonstrations.

April 6, Stella M. Stewart presiding. Methods of Teaching, Miss Claiborn; Importance of Affiliations to Smaller Schools, A. L. MacG, Patterson; Treatment of Eclampsia with Insulin, Dr. Walter Levy.

The program was well carried out, the papers good, discussions lively. All sessions were well attended.

The members were fortunate in being able to secure, at the last minute, Abbie Roberts, of Peabody College. Miss Roberts gave a most interesting talk on the Public Health Nurse and the work that Peabody was doing for her. She also made a plea for more time to be allowed in the curriculum for the problems of public health nursing. Miss Roberts was present for the Round Table Conference in the afternoon session and took a lively interest in the subjects discussed there, answering many questions.

Michigan: East Lansing.—A special six weeks' course for hospital executives will be held at Michigan State College, beginning June 26. An outstanding hospital administrator has been procured for the course which is being sponsored by the Michigan State Nurses' Association with Mary C. Wheeler in charge.

Missouri: An advanced course in Social Hygiene which was given at the School of Medicine, Washington University, March 14-

April 21, was attended by 345 nurses and social workers.

Tennessee: Nashville.—The George Peabody College for Teachers announces that during its summer quarter, June 13-July 21, it will conduct two courses in Nursing Education—for Public Health Nurses and for Instructors and Supervisors in Schools of Nursing. Members of the faculty are: Abbie Roberts, Cora Cripe, Elma Rood, Carol Martin, Dr. Horton Casparis, and Dr. Eugene L. Bishop.

Wisconsin: Milwaukee.—Marquette University, College of Hospital Administration, offers two courses. The Short Course, June 6-17, and the Summer Course, June 27 to August 6. In both courses problems of construction, administration, finance, records, etc., will be studied.

State Boards of Examiners

Alabama: The Nurses' Board of Examination and Registration of Alabama will hold an examination in Mobile on May 23-24; in Montgomery, May 25-26; in Birmingham, May 26-27. Applications may be secured from Linna H. Denny, Secretary-treasurer, 1320 N. 25th St., Birmingham. All applications, with credentials, must be filed with the secretary two weeks before the date set for the examination. Kodak pictures will not be accepted.

Arizona: A meeting of the State Board of Nurse Examiners will be held at Douglas, June 1. Catherine Beagin, Secretary-treasurer.

Arkansas: There will be a meeting of the Arkansas State Board of Nurse Examiners, May 2 and 3, in the Senate Chamber of the State Capitol Building, Little Rock. Ruth Riley, Secretary.

District of Columbia: The President of the Nurses' Examining Board is Mary Wolford, Sibley Hospital, Washington.

Kentucky: The Kentucky State Board of Nurse Examiners will conduct semi-annual examination for registration of graduate nurses in Louisville, at the City Hospital, May 17-18. Applications and information may be procured from the Secretary, Flora E. Keen, Thierman Apt. C-1, Louisville.

Louisiana: All nurses registered prior to January 1, 1927, are again reminded that the Louisiana law requires each nurse to send to the Louisiana Nurses' Board of Examiners, 1005 Pere Marquette Building, New Orleans, a request for renewal of registration, with fee of $1, before July 1 of each year, or registration is automatically cancelled.

Michigan: The Michigan Board of Registration of Nurses and Trained Attendants will hold an examination for graduate nurses and trained attendants in Marquette, June 13 and 14. The Michigan Board of Registration of Nurses and Trained Attendants will hold an examination for graduate nurses and trained attendants in Lansing, June 2 and 3.

Mississippi: The semi-annual meeting of the Board of Registration and Examination of Nurses will be held at the State Capitol, Jackson, July 4 and 5, beginning at 9 o'clock. Applications for registration should be filed fifteen days before the date of meeting. Aurelia Baker, Secretary, McComb.

Missouri: The Missouri State Board of Nurse Examiners has changed the date of its next examination from May 18 and 19 to May 4 and 5.

Montana: The Montana State Board of Examiners for Nurses will hold an examination for the registration of nurses on the 24th and 25th of May at the State Capitol, Helena. Application blanks can be obtained from the Secretary, Frances Friederichs, Box 928, Helena.

Nebraska: The next State Board Examination for nurses will be held June 28, 29 and 30, both at Lincoln and at Omaha. Bureau of Examining Boards, Mrs. Clark Perkins, Director.

New Jersey: The next examination for certificate of registered nurse will be held June 17 and 18 in the Trenton Normal School, Trenton. Applications must be filed with the Secretary-treasurer at least fifteen days prior to the date of examination (before June 3). Agnes Keane Fraentzel, Secretary-treasurer, 42 Bleecker St., Newark.

North Dakota: Examinations for registration will be held May 17 and 18, in Bismarck and Fargo. Applications should be filed not later than May 3, 1927, with the Secretary, Mildred Clark, Devils Lake.

Oklahoma: The Oklahoma State Board of Nurse Examiners will hold an examination for registration at the State Capitol in Oklahoma City, June 2 and 3. Applications for registration should be filed not later than

May 15 with the Secretary of the Board, Candice Montfort Lee, Route 4, Oklahoma City.

Oregon: Grace Taylor of Salem has been reappointed by the Governor as secretary-treasurer of the State Board for Examination and Registration of Graduate Nurses.

South Dakota: THE SOUTH DAKOTA STATE NURSES' EXAMINING BOARD will hold an examination for registration of nurses at the Capitol Building, Pierre, June 1 and 2. Applications must be filed with the Secretary, Mrs. Elizabeth Dryborough, Rapid City, at least two weeks in advance of the examination.

Tennessee: TENNESSEE STATE BOARD EXAMINATIONS for nurses will be held June 1 and 2, at Nashville, Memphis, Chattanooga and Knoxville. Canie Dee Hawkins, Secretary-treasurer, 903 Walker Ave., Memphis.

Vermont: The next examinations of the VERMONT BOARD OF REGISTRATION OF NURSES will be held in Montpelier at the State House, May 12 and 13. Hattie E. Douglass, Secretary.

Virginia: At the annual meeting of the Board of Examiners, held in January, L. L. Odom of the Sarah Leigh Hospital, Norfolk, was elected President of the Board. The Virginia semi-annual STATE BOARD EXAMINATIONS will be held in Charlottesville, June 15, 16 and 17. For further information apply to Ethel M. Smith, Secretary-treasurer, Craigsville.

Wisconsin: The next state board examination in Wisconsin will be held May 31, June 1 and 2, in the City Hall, Milwaukee, and the City Hall, La Crosse.

Wyoming: THE WYOMING STATE BOARD OF NURSE EXAMINERS will hold examination and registration for nurses at Cheyenne, June 13, 14 and 15. All applications to be filed with the Secretary before June 1. Mrs. H. C. Olsen, Secretary, 3422 Warren Ave., Cheyenne.

State Associations

Arizona: The ninth annual conference of the ARIZONA STATE NURSES' ASSOCIATION has just come to a close after a most successful and enthusiastic session. The following officers were elected: President, Mrs. Vera Thomas, Tucson; vice presidents, Blanche Werner, Mrs. W. J. Waidler; secretary, Mrs. Bertha Easton, 625 N. 3rd Avenue, Phoenix; treasurer, Mrs. Ruth Gordon.

California: THE CALIFORNIA STATE NURSES' ASSOCIATION will hold its annual meeting at the Hotel Leamington, Oakland, May 3-8. THE NORTHERN LOCAL LEAGUE of Nursing Education held its regular monthly meeting at Highland Hospital, Oakland, March 18. Members were escorted over this beautiful new hospital, one of the finest and most perfectly equipped in the west. Miss Fiscus, instructor in the San Jose Hospital School of Nursing, read a fine paper on Ward Teaching, and Miss Tash, instructor at the Alta Bates Sanatorium, Berkeley, conducted a bedside clinic, using for her subject, the making of a bed under various conditions.

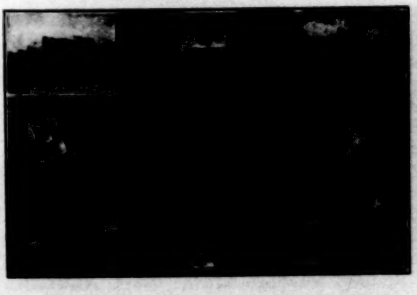
Connecticut: The Spring meeting of the GRADUATE NURSES' ASSOCIATION OF CONNECTICUT was held in Hartford, March 23. This meeting marked the formal opening of Headquarters at 175 Broad St., with Margaret K. Stack as full-time Executive Secretary. The section meetings began at 10:30 a. m. and were held in St. Joseph's Cathedral Community House. Private Duty Section, Mrs. Winifred Bramann, Chairman, presided. Organization of work of the section and suggestions for future development from the alumnae association were discussed. Thirty nurses representing eleven hospitals were present. Educational Section, Sarah E. Hyde, Chairman, presided. Olive Alling, Instructor in Yale School of Nursing, New Haven, gave an inspiring talk on Communicable Disease as it Relates to the Student Nurse. Fifty members were present. Public Health Nursing Section, Mabel Macdonell, Chairman, presided. Following the business meeting, Margaret Byington, Executive Secretary of the Central Council of Social Agencies, Hartford, spoke on The Nurses' Responsibility for Social Work in the Community. Discussion was opened by Mary Duggan, Acting Commissioner of the Connecticut Bureau of Child Welfare, followed by Ralph Barrows, Executive Secretary of the Connecticut Children's Aid Society. The Board Members' Division of the Public Health Nursing Section omitted its meeting in order to put all efforts on the Institute for Board Members which was held in New Haven, April 4 to 7. Luncheon was served at the Women's Club at one o'clock. The general meeting at 2:30 p. m. was held in the Women's Club Building, Margaret Barrett, President, presided. The speaker, Nina Gage, Dean of Hunan-Yale School of Nursing in China and President of the International Council of Nurses, gave a most interesting talk on the nursing work that is being carried

on in China; also the customs of the people. The association was fortunate in having Miss Gage speak on this subject at this time. At the business meeting three changes were made in the by-laws. The roll call showed that of the 250 present, there were represented fifteen alumnae associations and a large number of individual members. Reports of the standing committees were read and a very interesting report on the work at Headquarters was given by the Executive Secretary. A reception to members at Headquarters by the Executive Board and Headquarters Committee was held after the meeting.

District of Columbia: THE GRADUATE NURSES' ASSOCIATION OF THE DISTRICT OF COLUMBIA will hold its annual meeting on May 2, at 1337 K St., N.W., Washington. The third meeting of the Graduate Nurses' Association was held at the Club House on March 7. Problems of the registry were discussed and the following were some of the conclusions reached: 1. That recent graduates of *local* hospitals should be extended the privileges of the registry pending the results of their examination by the District Board of Examiners, the examinations to be taken at the first opportunity presented by the board, following the nurses' graduation. 2. That graduate nurses who join the registry with less than two years' experience will not hereafter be permitted to refuse any type of nursing case except those of alcoholism, mental or contagious diseases. Following the business meeting, Jessie LaSalle gave an interesting talk on Mental Hygiene. Miss LaSalle is Assistant Superintendent of Research in the public schools of the District of Columbia and her special work has been along mental hygiene lines. Catherine Moran, Superintendent of Gallinger Hospital, was recently appointed by the District Commissioners to succeed Marie Sebastian on the Nurses' Examining Board of the District of Columbia. The board now consists of Alice Prentiss, Secretary and Treasurer; Mary Carmody, Catherine Moran, Bertha McAfee and Mary Wolford.

Idaho: THE IDAHO STATE ASSOCIATION will hold its annual meeting on May 3.

Kentucky: THE KENTUCKY STATE ASSOCIATION will hold its twenty-first annual convention, June 1-3, at the Masonic Temple, Fourth and Scott Streets, Covington. Opening session, Private Duty, Wednesday, 9:30 a. m.; Thursday, Public Health; Friday, State League. Revision of by-laws and plans for the biennial convention of the national



A Poster made for the Colorado State Meeting by the Senior Class of the Children's Hospital, Denver.

associations to be held in Louisville in 1928. Every nurse in the State is urged to attend this important meeting.

Maryland: In honor of the approaching twenty-fifth anniversary of the organization of the State Association, an effort is being made to enroll all eligible graduate nurses in the State as members. The activities of the State Association and of the Central Directory have so increased that more office space must be taken at headquarters, 1211 Cathedral Street.

Massachusetts: The annual business meeting of the MASSACHUSETTS STATE NURSES' ASSOCIATION will be held June 4. Headquarters will be at the Lecture Hall, Boston Public Library. Some of the meetings will also be held in the Auditorium and social hall of the New England Women's Club, 585 Boylston Street, Boston. Tea will be served by St. Barnabas Guild at 5 p. m.

Michigan: The annual meeting of the STATE ASSOCIATION, to be held in Marquette, June 15-17, will have the following program:

June 15, 9 a. m., Registration. Executive Boards meet. 10, Advisory Council. Business meetings of the Public Health and Private Duty Sections. Red Cross Committee. 11, Psychology of the Patient, Adelbert Ford. 12:30, Private Duty Section luncheon. 2 p. m., Address of welcome, Mayor Robertson; Response, Lystra E. Gretter; address of the President, Grace Ross; reports. 6:30, Dinner, with an address on the Public Health Nurse by Dr. Henry F. Vaughan.

June 16, 9 a. m., Business meeting with report of the General Secretary, Mary C. Wheeler. 11, Work, Fatigue and Efficiency, Adelbert Ford. 12:30, State League luncheon. 2 p. m., Grading Schools of Nursing Program,

Shirley Titus; Ethical Problems, Mary C. Wheeler. 6:30, Dinner, with addresses by Cornelia Van Kooy, The Nurse and the Tuberculosis Movement; and Dr. Salvatore Lojacono, The Nurse in Relation to Tuberculosis Work.

June 17, 9 a. m., Business meeting of State Association. 10, Aims and Results of Work of Merrill-Palmer School, Aurelia B. Potts; The Unconscious in Human Behavior, Adelbert Ford. 12:30, Red Cross luncheon, with an address by Lyda W. Anderson. 2:30, Business meetings of the State Association and the State League. 3:30, Meeting of Executive Board. The Saturday Music Club of Marquette will arrange music for all sessions. Entertainment, Automobile drive, Wednesday afternoon; automobile drive and tea at Morgan Heights Sanitorium, Thursday; automobile drive and tea at Ishpeming Hospital, Friday.

New Jersey: The twenty-fifth annual meeting of the New Jersey State Nurses' Association was held in Unity Church, Montclair, on April 1. During the forenoon routine business was transacted. The reports of officers and standing committees revealed varied and growing activities throughout the State, and an increase in membership of 271, for the year 1926. Arabella R. Creech, General Secretary, reported five alumnae associations practically ready to join their respective districts, and symptoms of awakening interest in many parts of the State. From a limited amount of data that she had obtained, she was of the opinion that alumnae and district meetings did not approach a 25 per cent attendance, showing that 75 or 80 per cent of the members of nurse organizations are still indifferent concerning the development and growth of their profession. The nurses of New Jersey were called upon again this year to marshall their forces in opposition to some pernicious legislation, which sought to provide for registration *without* examination in New Jersey, nurses—so-called—who had had a very *indefinite* sort of training, with no mention made of *preliminary education*. The bill was defeated, and the New Jersey State Nurses' Association still retains its unbroken record of fifteen years, in defeating similar legislation. This year's legislative work revealed a large increase in public sentiment supporting higher educational standards for the nursing profession. The afternoon session was devoted to very lucid and inspiring addresses by May Ayres Burgess, Ph.D., Director of the National Committee on Grading of Nursing Schools, Janet Geister, Director of National Headquarters, on The Nurse and the Changing Order, and the election of officers. The officers elected were: President, for two years, Anne E. Rece, Muhlenberg Hospital, Plainfield; vice presidents, two years, Jessie M. Durstine, Trenton, and Mrs. Emily K. Wisely, Trenton; director, three years, Minnie Ireland, Long Branch. The semi-annual meeting will be held in Plainfield, on the first Friday in November. The banquet held at the Montclair Hotel, Friday evening, under the auspices of the New Jersey League of Nursing Education, was well attended and wholly delightful. Miss Greener's paper on The Evolution of Nursing was considered a masterpiece. She presented a complete picture of the nursing profession from Florence Nightingale to the present time, a picture that too few nurses have seen or thought about. The magnificent address by Dr. Everett, on The Danger of the Professional, will not soon be forgotten. He brought out more vividly than is usual, the danger of the "machine nurse," who is so technically professional that she ceases to be human.

New Mexico: The New Mexico State Nurses' Association will hold its annual meeting at 1 p. m., May 20, at St. Joseph's Hospital, Albuquerque.

New York: Student Nurses of schools in New York State are asked to send to the Chairman of the Program Committee, topics for discussion at the Student Luncheon which will be held at the time of the State meeting in October, in Rochester. From topics submitted between now and August 10, three will be chosen by the Program Committee and the winning three will be announced in the September *Journal*. Send all suggestions to Alice V. Newton, Clifton Springs Sanitarium, Clifton Springs.

North Carolina: The North Carolina State Nurses' Association will hold its annual meeting in Charlotte, May 24-26.

Rhode Island: The Rhode Island League of Nursing Education elected the following officers at its January meeting: Vice president, Mary S. Gardner, Providence; secretary, Anna Shaheen, Pawtucket.

South Carolina: The South Carolina State Nurses' Association held its twentieth annual convention in Charleston, at the Francis Marion Hotel, April 7 and 8. The members were cordially welcomed by Mayor Thomas P. Stoney, on behalf of the city, and

by Mrs. Charles M. Shipway, President of the Federation of Women's Clubs, on behalf of the Federation. The response was made by Nellie C. Cunningham, Assistant Director of the Bureau of Child Hygiene, Columbia. The morning session was devoted to addresses; the first, a scholarly presentation of Progress in Medicine and Nursing, by Dr. Robert Wilson, Dean of the South Carolina Medical College. Dr. Wilson made apparent an interest in and an understanding of many of the problems confronting our association. The members were exceedingly fortunate in securing Mary M. Roberts, Editor of the *American Journal of Nursing*, as one of the speakers. Her address was stimulating and they hope for results in the form of increased membership in the alumnae association and a greater and more comprehensive use of the *Journal*. The Place of Abnormal Psychology in the Nursing Curriculum, was ably and favorably presented by Dr. Olin Chamberlain, Psychiatrist and Professor of Medicine of the South Carolina Medical College. He termed the nurse who knows how to get on with the sick, a good psychologist. The paper was discussed by Dr. J. M. Beeler, Superintendent of the General Hospital, Spartanburg. Meyeral Engelberg, Assistant Director of Nursing, School of Nursing, South Carolina Medical College, read a paper on The Hospital's Responsibility to the Student Nurse. The need for adequate home and recreational facilities as well as opportunities for a thorough nursing education was stressed. The paper was discussed at length by Miss Fraser, Director of Nursing, State Hospital, Columbia.

The afternoon session opened with Ruth Garrett, Columbia, presiding over the Private Duty Section. Mrs. Francis Baylis of Columbia, was the speaker, and Margaret W. Breese of Charleston led the discussion. Fees, rest rooms, locker space in hospitals, and many other problems of the private duty nurse were brought up. Mary McKenna of Columbia, Chairman of the Educational Section, made a plea for better educational standards and laid the blame of South Carolina's standards chiefly upon the nurses. Ellie C. Nelson, Supervisor of Charleston Public Health Nurses, presided over the Public Health Section. Anna Heisler, Director of Public Health, Richmond, Virginia, spoke upon Training for Public Health, stressing the qualifications required for that branch of nursing. The paper was discussed by Monica Moore, District Supervisor of Public Health Nurses for the Metropolitan Life Insurance Company, New York. The nurses of District 1 entertained the delegates at a banquet. The conventional after-dinner speeches were dispensed with in favor of the singing of spirituals by the Plantation Melody Singers, a group of Southerners interested in perpetuating the folk-lore of the negro. No spiritual sung was less than eighty years old.

The second morning was devoted to business. The address by the President, Miss Gulledge, gave a comprehensive idea of the work done during the year 1926. Seven out of eight of the recommendations contained in the President's annual report were adopted.

After reports had been given and business transacted, officers were elected as follows: President, Marguerite Andell, Charleston; vice presidents, Hortense Jones, Greenville, and Agnes Coogan, Charleston; secretary, Meyeral Engelberg, Charleston. There being no further business the meeting was adjourned by the new President and a visit to the famous Magnolia Gardens concluded the program.

Texas: The Graduate Nurses' Association of Texas will hold its twelfth annual convention, May 5-7, in Temple.

May 5, Anne Taylor presiding. 8 a. m., Registration; Meeting of Advisory Board; 9 a. m., Address of Welcome by M. Charles Ingram; responses by Mrs. R. E. Adams, Margaret Moseley, Sister Estelle, Maud Cooze, representing districts 10, 12, 13, 15; business. 12:30 p. m., Private Duty luncheon; 1:30 p. m., Private Duty Section, Mrs. Nola Fires presiding. Private Duty as a Vocation, Sadie Pearl Marshall; The Real Value of a Private Duty Nurse, Dr. A. C. Scott, Temple; The Careless, Unsuccessful Nurse versus the Careful, Successful Nurse, demonstration; Is Nursing a Profession? Beulah Alvey. 4 p. m., Tea, courtesy Business and Professional Woman's Club. 6 p. m., Dinner, courtesy Kings' Daughters' Hospital.

May 6, Organization for Public Health Nursing, A. Gabriel presiding. 9 a. m., Business, followed by addresses by Dr. Flickwir of Houston, Mr. Lies, Elizabeth G. Fox of Washington, D. C., and one by a layman. Luncheon speakers will be Dr. A. C. Scott and Mrs. Elsbeth Vaughn of St. Louis. 12:30, Luncheon of League of Nursing Education. 1:30, School Nursing Section. 2 p. m., League of Nursing Education, Mrs. Robert Jolly presiding. Business followed by addresses: What Is a Graduate Nurse, and What Are Nursing Ideals? A. Louise Dietrich; Round Table Discussion, Nursing School Problems, Mrs. Saidee Hausmann; Methods of Increasing Ward

Teaching and Supervision, E. L. Brient; The Responsibility of Educating the Student Nurses, Ruby Buchan. 5 p. m., ride around city, Chamber of Commerce; Barbecue and Dance, Scott and White Dairy Farm, compliments Scott and White Hospital.

May 7, American Red Cross Nursing Service, A. McDonald presiding. 9 a. m., Junior Red Cross play; The Red Cross in Peace and War, W. R. Brown; The Requirements for Enrollment, Mrs. Elsbeth Vaughn; Some Aspects of National Red Cross, Elizabeth G. Fox. Noon, Red Cross luncheon. 1 p. m., Business meeting of State Association. 4 p. m., Meeting of Board of Trustees. 5 p. m., Tea, courtesy of Federated Clubs. Evening, St. Barnabas Guild for Nurses, Florence Nightingale Memorial Service at Christ Episcopal Church.

Vermont: The Vermont State Nurses' Association will hold its thirteenth annual meeting at the New Sherwood Hotel, Burlington, Thursday, May 26. An important business meeting occurs at 10:30 a. m., with reports of officers, committees, alumnae, and the delegate to the New England Division meeting. A discussion of districting the state will occur. Janet Geister, Director of Headquarters, American Nurses' Association, will make her first appearance in Vermont. At the evening meeting, Dr. Judson A. Smith of Boston will speak on The Periodic Physical Examination.

Virginia: The annual meeting of the Graduate Nurses' Association of Virginia will be held at Hotel Monticello, Norfolk, May 3, 4 and 5. S. Lillian Clayton, Mary M. Roberts and Dr. S. P. Mitchell are among the speakers. A full and interesting program has been planned.

Wyoming: The annual meeting of the Wyoming State Nurses' Association will be held at Cheyenne, June 17 and 18.

District and Alumnae News

California: Oakland.—Daisy Dean Urch has been appointed Superintendent of Nurses of Highland Hospital.

Delaware: Wilmington.—The Delaware Hospital Alumnae has an educational talk at each of its meetings. Dr. L. Phillips spoke recently on Tuberculosis.

District of Columbia: Washington.—The Capital City School of Nursing Alumnae at their annual meeting in April elected the following officers: President, Josie Woltz; vice president, Mrs. Edna Sargent Tucker; secretary and treasurer, Mary Ruth Hawkins. The Association held a reunion and banquet in the Nurses' Home, March 8, and had as guests the members of the Executive Board and the Women's Auxiliary Board. The President, Josie Woltz, gave the address of welcome. The Dean of the School, Dr. James A. Gannon, acted as toastmaster. Toasts were responded to by the Superintendent, Major E. W. Patterson and by Dr. Percy Hickling. Dr. W. M. Barton spoke on How Alumnae Meetings Can Be Made More Interesting. Mrs. R. F. Jackson, Treasurer of the Auxiliary Board, spoke on The Opportunities of an Alumnae Association. The Superintendent of Nurses, Catherine E. Moran, gave a brief outline of the history of the hospital and school, from 1815 to the present time.

Georgia: Atlanta.—The Davis and Fischer Alumnae made their regular meeting recently, a Red Cross meeting. The local Secretary of the Red Cross Nursing Service, Jean Harrell, was present and made a stirring plea for the enrollment of nurses. Dr. Frank K. Boland made an interesting address on the work of the Red Cross in the time of war. Jane Van De Vrede told of the preparation and equipment of the Red Cross in Disaster work and the nurses' part in it. **Savannah.**—The Fourth District held a meeting recently at Oglethorpe Sanitarium, when it was reported that $75 had been raised by means of a card tournament. The question of starting a branch of St. Barnabas Guild was discussed. It was decided to get in touch with out-of-town nurses and invite them to the meetings.

Illinois: Alton.—Members of the Fourteenth District met at the Catholic Children's Home on March 19, as guests of the Sisters. All of the sixty-four members were present. Members of the Alton Dental Society were guests, also. A talk on Tuberculosis in Institutions was given by Rev. D. D. Monroe and short talks were given by Dr. Pfeiffenberger, Dr. Dickenson, Father DuVal, Rev. Mr. Atchinson, and Miss Brossard. The Children of the Home presented two health plays. The officers of the District Association are: President, Ida Brossard; vice presidents, Wilhelmina Best, Hattie Sitton; secretary, Lillian Transue; treasurer, Ann Cloudy. **Chicago.**—At the annual meeting in January, the Presbyterian Hospital Alumnae elected: President, Edith Stehle; vice presidents, Augusta Giller, Ruth Horn; secretaries, Florence

Eckdahl Graham, Vera Svaty, Gunda Engen; treasurer, Catherine Clow. Albert M. Day has been made an Honorary Member of the Association. A scholarship of $150 is being offered for the summer course at the University of Chicago. Ruth Brown has been appointed Superintendent of Nurses, Wyandotte Hospital, Detroit. THE PUBLIC HEALTH NURSES OF THE CHICAGO TUBERCULOSIS INSTITUTE meet every Saturday morning at the office of the Institute, 360 North Michigan Boulevard. At most of these meetings the program includes a prominent speaker on some educational subject.

Indiana: Gary.—The March meeting of the SECOND DISTRICT ASSOCIATION was held at St. Mary's Mercy Hospital. The Relationship of the Nurse to Social Service was ably discussed by Rev. John de Ville, Superintendent of the Gary Alerding Settlement House. Nursing in China was the subject presented by Dr. Margaret Smythe who was for many years a resident of Peking. A paper on Nursing Ideals, by Sister M. Flavia, gave much food for thought. The April meeting was held in South Bend, where the Public Health Nurses entertained the members at the Children's Clinic. **Indianapolis.**—Grace Cook has resigned her position as registrar of the Nurses' Central Directory, a position which she has faithfully held for years. The Directory will now be located at 1220 Park Avenue, Apartment 8. The FOURTH DISTRICT held its March meeting at the Columbia Club. The speaker was Pearl Forsythe of the Y. W. C. A., who spoke concerning The Women of Japan. Announcements were made relative to the meeting of the National Tuberculosis Association in Indianapolis, May 23 to 27, and the Tuberculosis Institute, March 28 to April 9. ST. VINCENT'S HOSPITAL held exercises dedicating its new Nurses' Home on April 20, Bishop Chartrand presiding.

Iowa: Davenport.—MERCY HOSPITAL ALUMNAE hold meetings regularly with an educational program. They raised $500 by a dance, recently. ST. LUKE'S ALUMNAE celebrated their twenty-fifth anniversary by a dinner which was also in honor of Bessie Duff, who resigned as night superintendent to become superintendent of the new Masonic Sanitarium in Bettendorf. **Muscatine.**—DISTRICT 6 was entertained on April 21 by the alumnae associations of Bellevue and Hershey hospitals. THE HERSHEY HOSPITAL GUILD will celebrate the twenty-fifth anniversary of the hospital on Hospital Day. The Alumnae have recently furnished linoleum for the nurses' dining room and will soon refurnish the room and install cafeteria service. Josephine B. TeWinkleis is at home from India on furlough and is studying at the Hartford, Conn., Bible School. Maude M. McGwigan, a missionary nurse in China, has been obliged to go to the Philippines for the present. BELLEVUE ALUMNAE will devote the proceeds of a recent sale to improvement for the hospital.

Massachusetts: Boston.—A regular meeting of the NEW ENGLAND INDUSTRIAL NURSES' ASSOCIATION was held in the Town Room Library on March 12. The speaker was Elizabeth Ross of the Department of Public Health whose subject was Cancer. A picture was then shown, A Fortunate Accident. **Holyoke.**—THE HOLYOKE CITY HOSPITAL ALUMNAE ASSOCIATION held its annual meeting on January 3 and elected: President, Edith Gately; vice president, Ruth O'Mara; secretary, Sara Ball; treasurer, Grace Tiffany. **Plymouth.**—Regular meetings of the JORDAN HOSPITAL ALUMNAE are held at the Nurses' Home, with something instructive for a program to which members of the Senior class are invited as well as nurses not members of the alumnae. Insurance was discussed in January and a number of the members have taken out policies to protect them in old age. At the March meeting Dr. Z. B. Adams of Boston spoke on Fractures and the Care of Splints. The Association is hoping to send a delegate to the International meeting in China.

Michigan: Kalamazoo.—THE KALAMAZOO DISTRICT ASSOCIATION held its meeting on March 30, at the New Borgess Hospital. Papers were read on The Nurse in Anaesthesia, by Sister Constance, and on Nursing Education as the Student Sees It, by Marie Whitsell. **Saginaw.**—THE SAGINAW DISTRICT began its meeting on February 10 with a dinner at the Hotel Pordney, after which an interesting talk on Diathermy was given by Dr. G. W. Hutchison.

Minnesota: Minneapolis.—THE ALUMNAE ASSOCIATION OF THE SWEDISH HOSPITAL SCHOOL OF NURSING entertained Ida C. Isaacson at a farewell reception, March 23, at the Nurses' Dormitory. Miss Isaacson is the founder of the School of Nursing and has spent ten years of active service as Superintendent of Nurses. The address of farewell was given by Hannah F. Swenson, President of the Alumnae, followed by a response by Miss Isaacson. Short talks were also given

by Mrs. Jennie F. Lakmann, Mabel C. Anderson, and Elvie Engstrom. Miss Isaacson was presented with flowers and a bracelet.

New Jersey: Hackensack.—The regular meeting of the NURSES' ALUMNAE OF THE HACKENSACK HOSPITAL was held in the Nurses' Home on April 5. The Committee on providing a suitable memorial to Emma F. Crum, a graduate of the class of 1892 and founder of the Alumnae, recommended that a room be endowed for five thousand dollars in memory of Miss Crum, a suitable tablet placed on the door, and that the room be used for members of the Alumnae needing hospital care. The report was favorably received and acted upon. This is the second room endowed in the Hackensack Hospital by the Alumnae for the use of its members. Miss Crum died October 5, 1925. **Trenton.**—The March meeting of the THIRD DISTRICT ASSOCIATION was made a Red Cross meeting. It was held on March 3, in the Mercer Hospital Nurses' Residence. Senior students were present from the different schools in the city. Florence Johnson, of the New York Red Cross Nursing Service, was the principal speaker of the evening. She gave a most interesting address, going into detail about different branches of the work and the wide field into which it is being carried. Miss Johnson strongly urged membership in the American Red Cross and it is hoped that the greater number of Third District members will join immediately. Arabella R. Creech was also present and spoke.

New York: Albany.—Nurses of Capital District No. 9 were entertained at the Hendrick Hudson, Troy, by the Alumnae Association of the Troy Hospital, the occasion being the annual meeting and election of officers. Loretta Craven, graduate of St. Peter's Hospital, Albany, was elected President. **Buffalo.**—On March 16, DISTRICT 1 held a meeting at the Sisters of Charity Hospital when Mae Woughter, state executive secretary, gave an interesting address. On March 21, Miss Woughter addressed the Senior pupils and the alumnae of the Lady of Victory Hospital, Lackawanna, and on the evening of the same day, she spoke at the Millard Fillmore Hospital. **Middletown.**—The regular meeting of DISTRICT 11 was held in the Chapel at the State Hospital. Dr. Adeline Wescott, St. Luke's Hospital, Newburgh, presented a paper on Diabetes, Its Cause, Treatment, etc., which was heartily enjoyed. **New York.**—DISTRICT 13 has elected: President, Eunice Whipple; vice president, Marion Durell; recording secretary, Mary A. Creed; corresponding secretary, Emma B. Lindheimer; treasurer, Kathrine J. Steele. The regular dinner meeting of the NEW YORK INDUSTRIAL NURSES' CLUB was held at the Central Club for Nurses on March 10. After dinner Grace Allen, who is connected with the East Harlem Nursing and Health Demonstration, addressed the meeting on Mental Hygiene which she defined as, "concurrent efforts to live better, feel better and be better." Miss Allen said about two years ago a mental hygiene service was added to those already established. The problems are found by the nurse in her family work. A social history, physical and psychological examination are secured and an interview with a psychiatrist arranged. The follow-up work is done by the nurse under supervision. Results so far would indicate that the work has much value and will be continued. **Rochester.**—HIGHLAND HOSPITAL ALUMNAE ASSOCIATION elected the following officers at their recent annual meeting: President, Irene Lange; vice presidents, Bertha Schmidt, Amelia Wood Kelso; secretary, Hilda B. Olson; treasurer, Hazel M. Gates. **Syracuse.**—The officers of DISTRICT 4 are: President, Mrs. Lester Brew; vice presidents, Clara L. Hurd, Katheryn Gleason; secretary, Anna W. Thompson; treasurer, Charlotte Page. The Official Registry is at 401 Hayden Bldg.: the registrar, Mary H. Lenane. Chairmen of committees are as follows: Registry, Louise Sherwood; Credentials, Mary H. Lenane; Program, Arzelia Stevens; Printing, Grace Morrison; Ethics, Margaret Fitzgibbons; Relief Fund, Mrs. Clara Truesdale; Legislative, Helena Morris.

North Carolina: Asheville.—DISTRICT 1 will make its last payment on the lot for a club house in April. A Correction.—In the March *Journal*, page 235, under this state heading, for two hundred invalid nurses, read twenty.

Ohio: Cleveland takes great pleasure in announcing to *Journal* readers the appointment of V. Lota Lorimer as Executive Secretary of District 4. **Warren.**—On March 16, a meeting of DISTRICT 3 was held at Warren City Hospital. The topic of discussion was Nursing Organizations.

Pennsylvania: Abington.—THE ALUMNAE ASSOCIATION OF THE ABINGTON MEMORIAL HOSPITAL held its annual meeting at the Nurses' Home on March 16. The following officers were elected: President, Margaret E. Diebel; vice presidents, Florence Detweiler,

Jane McCurdy; secretary, Mary D. Kiffe; treasurer, Constance Percival. **Allentown.**—The Sacred Heart Nurses' Alumnae Association has a relief fund which provides $10 a week to members who are ill and need help. **Pittsburgh.**—At the close of the first quarter of the year, the Nurses' Alumnae Association of the Allegheny General Hospital reports eight new members; $1,000 added to the Endowment Fund for hospital care for the members; arrangements made for a reunion of A. G. H. physicians and nurses, and a carnival, for the benefit of the Endowed Room and the Sick and Relief Fund, to take place at the hospital, June 2 and 3. Members of the Senior classes of the training school were guests of the Association at the February meeting. Arrangements are under way to entertain the graduating class and for a joint meeting of Presbyterian and A. G. H. alumnae associations, to hear Miss Entriken, Secretary of the State Association, in May. Many of the members are taking active parts on committees of the Sixth District Association and the Nurses' Club of Pittsburgh and are assisting the Training School Glee Club. **Pittston.**—The regular meeting of District No. 3 was held in the Y. M. C. A. building, March 22. Plans were made to attempt to reorganize the Private Duty Nurses' Section, also to reorganize a League of Nursing Education. The following are the new officers for 1927: President, Jeanette Edwards; vice presidents, Agnes Cawley, Pearl Wilson; treasurer, Jennie Huff; secretary, Sarah H. Smith.

Rhode Island: Providence.—Graduates of the Rhode Island Hospital Training School for Nurses at the alumnae dinner held a year ago made plans for raising funds for a home for aged and disabled nurses. A month later a corporation was formed and it is now known as the Lucy C. Ayers Home for Nurses. Enthusiasm on the part of our nurses is being rapidly translated into dollars and cents. Already many pledges have come in and the treasurer can report a goodly sum toward the fund. Last fall a very successful bazaar was held, also bridge parties, and now plans are being made for another bazaar. Many memorials are being planned, the Sallie Irish Memorial Fireplace, rooms furnished, etc., which will add immeasurably to the sentimental value of the Home.

Tennessee: Knoxville.—Knoxville registered nurses held their regular monthly meeting at the Y. W. C. A. March 10. A special program was prepared to which the students of the Knoxville Schools of Nursing were invited. Mrs. Bula Bogart discussed Advantages to the Nurse of Active Connection with Her Nursing Organizations. Hazel Goff discussed Plans for a Nurses' Club House. Miss Ryman told of her work in the Smoky Mountain School at Gatlinburg. Public health nursing was displayed in a short play.

West Virginia: Wheeling.—The Wheeling Hospital Alumnae Association has elected for the coming year: President, Anne Burke; vice president, Mrs. Catherine Winkler; secretary-treasurer, Mrs. Marie Morgan. Chairmen of committees are: Executive, Sister M. Stanislaus; Sick, Margaret Long; Program, Helene Blust. There are eighty active members in the Alumnae. Dr. John W. Gilmore gave a very interesting talk on Nursing Progress at the last meeting.

Wisconsin: Milwaukee.—A scene long to be remembered was enacted by the nurses of Milwaukee at the Auditorium of St. John's Cathedral on the evening of March 8. Through Margaret Sharp, the Executive Secretary of the Milwaukee County Chapter of the American Red Cross, the request of the National Red Cross that interest should be stimulated in the enrollment of nurses in the Red Cross Nursing Service was presented to the nursing organiations in the city. The District Nurses' Association felt that here was an excellent opportunity for them to have their graduate nurse members' interest awakened as to enrollment. The Milwaukee League of Nursing Education visualized a means of presenting the Red Cross Nursing Service to the student nurses. The three associations therefore under the chairmanship of H. Lenore Bradley, President of the Milwaukee League planned to give a Red Cross Rally as a memorial service to Jane Delano. Approximately nine hundred student and graduate nurses came to honor the memory of their departed Red Cross leader. The students in their striped chambrays or plain blue gingham followed the banner of their school; the graduate nurses in the dark blue uniform of the City Health Nurses or the light tan of the Visiting Nurses; the industrial nurses, the private duty nurses, all with their respective banners. Here and there amongst the white and blue were seen a few in caps and gowns indicating academic status. Finally, came the American Red Cross Nurses. Ethel J. Odegard, President of the 4th and 5th District, introduced the chairman of the Milwaukee County Chapter of the American Red Cross, J. Tracy Hale, who gave the

address of welcome. Mrs. George Ernst, state chairman of the Red Cross Nursing Service, gave her report on enrollment. Stella Ackley, President of the State League, introduced the principal speaker of the evening, Mrs. Elsbeth Vaughn, assistant National Director, who spoke on the life of Jane Delano, her untiring effort in behalf of the Red Cross Nursing Service and of her great desire to have nurses continue to enroll so as to always be ready when the call came for duty whether at home or abroad. An active campaign is to be started to follow up this interest in securing the enrollment of graduate nurses and also to prepare the Senior nurses for enrollment immediately upon their graduation.

Deaths

Margaret Ainslie (class of 1907, Long Island College Hospital, Brooklyn, N. Y.) suddenly, on January 6. After graduation Miss Ainslie held positions in the hospital. During the War she served with Navy Base No. 1 in France. She was a private duty nurse of the highest type and was engaged in that service to the time of her death. Burial was in Canada.

Mary Rose Batterham (class of 1893, Brooklyn Hospital, Brooklyn, N. Y.) at the French Broad Hospital, Asheville, N. C., on April 4. Miss Batterham was a pioneer nurse in Asheville and she was the first nurse in this country to receive a certificate of registration. Miss Batterham was born in England and came to this country as a young woman. All her nursing work had been done in Asheville where she was a private duty nurse, known and honored for her personal service and for her loyalty to all the interests of her profession,—the Red Cross, the *American Journal of Nursing*, the Nurses' Club, the registry. The members of the District Association attended the funeral at Trinity Episcopal Church in uniform and the pall bearers were nurses. Miss Batterham will be sadly missed by an entire community and by a wide circle of friends.

Mrs. Walter L. Eggleston (**Eleanor Briggs**, class of 1896, Methodist Episcopal Hospital School of Nursing, Brooklyn, N. Y.) on March 29, in Monrovia, California, after a long illness. Mrs. Eggleston married soon after her graduation and resided in Monrovia. She resumed her profession for a few months during the World War. She was a wonderful homemaker and a devoted mother.

Christine Clarkson (class of 1889, Long Island College Hospital, Brooklyn, N. Y.) at the Presbyterian Hospital, New York, on January 5, after an illness of many months. Miss Clarkson was a physician's office nurse for many years, then a school nurse.

Anastasia S. Grabowska (Nurse, U.S.N.) at the Naval Hospital, League Island, Pa., on March 26, after a long illness. Miss Grabowska had been a member of the Navy Nurse Corps for about six years and her death is a distinct loss to the Service as well as to the nursing profession.

Mrs. Maude F. Grant (class of 1906, Worcester City Hospital, Worcester, Mass.) at the Cooley-Dickinson Hospital, Northampton, Mass., March 16. Mrs. Grant did district nursing in Worcester and, later, industrial nursing and was so employed at the time of her death. Mrs. Grant was President of the Hampshire County Branch of the Massachusetts State Nurses' Association for which she was a faithful and enthusiastic worker. Many members of the Hampshire County Branch of the Association attended the funeral services. In the death of Mrs. Grant, the nursing profession has lost a splendid worker; she will be much missed at meetings.

Mrs. Edward Malcolm Throckmorton (**Helen M. Hales**, class of 1907, Orthopedic Hospital, Los Angeles, California) in Kansas City, Mo., January 14. Mrs. Throckmorton had nursed in many western states but of late years had done public health work in Missouri. During the War she was active in Home Defense work.

Alma M. Hogg (class of 1921, Rhode Island Hospital Training School for Nurses, Providence, R. I.) following an operation at the Rhode Island Hospital, February 28.

Mrs. Christie Smith Howe (a graduate of the Brooklyn Hospital, Brooklyn, N. Y.) on March 17.

Katherine O'Neill (class of 1901, St. Vincent's Hospital, New York) on March 12, in the Sadlier Sanitarium, Poughkeepsie, N. Y. Miss O'Neill had been superintendent of nurses at the Sadlier Sanitarium for twenty-five years where she served with unselfish devotion, endearing herself to all with whom she came in contact. She was unassuming but possessed great ability, especially as a surgical nurse. She will be greatly missed.

About Books

THE PRINCIPLES OF CHEMISTRY AND THEIR APPLICATION. A Textbook for Nurses. By Eleanor Hamilton Bartlett, A.B., A.M., and Katherine Ink, R.N., B.S. The Macmillan Company, New York. Price, $3.00.

A CAREFUL examination of this new textbook which has been awaited with a great deal of interest, is very rewarding. There is abundant evidence that the needs of student nurses, for whom it is intended, have determined the chapter contents. It consists of three hundred ninety-two pages of large, clear type, divided into twenty-six chapters, and a particularly complete index of twenty-three pages.

The arrangement of the chapters is good, consisting of descriptive matter, very plainly expressed, a summary, questions, and experiments. The principles and discussions in these chapters are concerned with substances in constant use in hospitals, so that the students gain, at the same time, acquaintance with chemical principles and the substances they are continually handling, either as medicines or as disinfectants. Some of the last chapters lead directly into the field of physiology, having to do with foods and their uses in the body.

The experiments are few, simple, and such as could easily be undertaken even where the laboratory equipment is limited. Very often an experiment serves as a cross-reference and illustrates more than the one thing for which it is used. This is economical of both the students' and instructors' time and brings out relationships often missed. The diagram on page 107 is so good it makes one wish for more of the same type to break up the pages.

This textbook is a welcome addition to the growing list of texts for nurses. In it Miss Ink shares with all who use it, the rich experience she has had as visiting instructor in many schools of nursing during the past ten years.

CAROLYN E. GRAY, R.N.
New York

HOSPITAL HOUSEKEEPING AND SANITATION. By Nora P. Hurst, R.N. 155 pages, including 34 blank pages for memoranda. C. V. Mosby Company, St. Louis, Mo. Price, $1.25.

A NEAT little book, almost a nurses' pocket-size, containing ten chapters. The preface states that it is designed as a text for schools of nursing. It will no doubt be suggestive to instructors, but in order to be of value as a text, it should be much more specific and scientific. The chief need in hospital housekeeping, today, seems to be organization for systematic order and care, with definite directions and reasons for procedures in housekeeping. There are a number of valuable bulletins such as "Removal of Stains," "Ventilation" and books on Home and Community Hygiene, Laundering, etc., which might have been used as reference material, which would have made the work of greater value.

HARRIET L. P. FRIEND, R.N.
Philadelphia, Pa.

PRINCIPLES OF HOME NURSING. By Emma L. Mohs, R.N. Second edition. Illustrated. 307 pages. W. B. Saunders Company, Philadelphia. Price, $2.

THE second edition of Principles of Home Nursing, by Emma Louise Mohs, has just come from the publishers.

In the second edition there have been few changes in text and none in arrangement of chapters. No new material has

been introduced and few changes in illustrations have been made. It is too bad that more photographs of home-made equipment are not shown, rather than so many pictures of standard equipment, since the author recommends this very good book to the "home nurse."

The wisdom of including Chapter XIII, of Part III, is again questioned as the introduction of sex hygiene in schools is still an unsettled point.

FREDERIKA FARLEY, R.N.
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MODERN SCIENCE AND PEOPLE'S HEALTH. Edited by Benjamin C. Greenberg. 250 pages. Illustrated. W. W. Norton & Company, Inc., New York. Price, $2.50.

A READABLE story of what science is doing for people's health told for the American Association for Medical Progress by an anatomist, Charles R. Stockard, M.D.; a chemist, Hugh S. Taylor, D.Sc.; a physiologist, Walter H. Eddy, Ph.D.; a psychologist, William A. White, M.D.; a bacteriologist, C. E. A. Winslow, Dr.P.H.; and a former health officer, Haven Emerson, M.D.

FOOD VALUES. (For calculating diabetic and nephritic diets, from Bulletin No. 28, U. S. A. Department of Agriculture). By Louise M. Keegan. 106 pages. The Macmillan Company, New York. Price, $1.60.

THE purpose of the book is "to place in the hands of doctors, dietitians, nurses and diabetic patients, tables of food values and data which will facilitate the calculation of diabetic and nephritic diets." It contains also simplified qualitative and quantitative tests of urine.

A COMPARATIVE STUDY OF GENERALIZED AND SPECIALIZED NURSING AND HEALTH SERVICES. East Harlem Nursing and Health Demonstration. 354 East 116th St., New York City. Price, 35 cents.

THIS is an interesting and important report. "It offers," says Dr. Haven Emerson, who contributed the foreword, "as nearly conclusive evidence as is humanly possible to obtain under metropolitan conditions." For the study, the chosen district, "divided into two equal areas, was organized under both types of administration—generalization and specialization." The main conclusions of the study, based upon quantitative and qualitative analysis, are overwhelmingly in favor of the generalized nurse from the viewpoint of efficiency. On the qualitative side, there was no demonstrable difference observed in nursing technic under the two systems.

NURSING IN DISEASES OF THE EYE, EAR, NOSE AND THROAT. By the Committee on Nurses of the Manhattan Eye, Ear and Throat Hospital, New York City. Fourth edition, 335 pages. Illustrated. W. B. Saunders Company, Philadelphia. Price, $2.25.

THE elementary character of this standard text has not been altered in revision. Especially valuable new material has been added on the preparation and post-operative treatment of Laryngectomy and Cleft Palate.

AN ANGEL OF MERCY. A prayer book for Catholic nurses. Compiled by Rev. Frederick A. Reuter and Rev. E. J. Ahearn. 240 pages. John W. Winternick, Publisher, Cleveland, Ohio. Price, $1 to $2.50, depending on quality of binding. This would be a particularly attractive gift in the blue antique Spanish leather with gold lettering. Price, $1.75.

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